

The reasons for the redactions in the records provided are as follows:

Social Security Numbers and/or Federal Identification Numbers have been redacted under *State ex rel. Beacon Journal Publishing Co. v. Akron* (1970), 70 Ohio St.3d 605.

The employee's house number and street name have been redacted under *State ex rel. Dispatch Printing Co. v. Johnson* (2005), 106 Ohio St.3d 160.

The employee's day and month of birth and personal telephone numbers have been redacted because they are not records under O.R.C. 149.011(G) and 149.43.

**Public Safety – Division of Fire
2011 Secondary Employment Requests**



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Stephen Manzuk
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/24/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

2/1/11

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Stephen Manzuk CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland State University
2121 Euclid Avenue
Cleveland, OH 44115
(216) 687-3636

JOB TITLE: Instructor

TYPES OF DUTIES PERFORMED:

Instruction of HazMat courses.

HOURS TO BE WORKED: 1-2 Days per month, Approx. 8 Hrs per day

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Stephen Manzuk
Employee Signature

1-21-11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/24/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)



Cleveland State University

Department of Human Resources Development and Labor Relations

January 14, 2011

RE: Workers Compensation Coverage; Steve Manzuk

This correspondence verifies State of Ohio Workers Compensation coverage under Cleveland State University BWC Policy # 10003128-0 for Mr. Manzuk as a Part Time Employee, Continuing Education.

Gerry Modjeski
Director, Employee Benefits
Department of Human Resources & Labor Relations
Cleveland State University
216-687-4710
fax 216-687-3976
g.modjeski@csuohio.edu



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Edward M. Miller
(Employee Name)

Date: January 20, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/20/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Edward M. Miller CLASSIFICATION: CAPTAIN

DEPARTMENT: SAFETY DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Lorain County Community College
1005 Abbe Rd.
ELYRIA, Ohio 44035

JOB TITLE: Fire Science Coordinator + Instructor

TYPES OF DUTIES PERFORMED: COORDINATION OF FIRE SCIENCE
PROGRAM + INSTRUCTION

HOURS TO BE WORKED: 12-15 per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Edward M. Miller
Employee Signature

1-10-11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/20/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2009~~ 2012 (NOTE: Approval must be renewed annually)



January 19, 2011

Mr. Martin Flask
Director of Safety
City of Cleveland
601 Lakeside Avenue
Cleveland, OH 44114

Dear Mr. Flask,

I am writing to you in regards to Mr. Ed Miller, who in addition to his employment as a fireman for the City of Cleveland, works as an adjunct faculty member at Lorain County Community College (LCCC). If, in his capacity as an LCCC employee, he should experience a work-related injury or illness, the college would file the claim under its Bureau of Workers' Compensation (BWC) policy. Our policy number is 30005621.

If you need any additional information regarding Mr. Miller's coverage under the college's BWC policy, please contact me at dwilson@lorainccc.edu or at 440-366-7531.

Sincerely,

A handwritten signature in cursive script that reads 'Denise L. Wilson'.

Denise L. Wilson
Benefits Coordinator

cc: Ed Miller



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Terry Scott
(Employee Name)

Date: January 20, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/20/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Terry Scott CLASSIFICATION: Li.

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Mentor Fire Dept
8467 Civic Center Blvd.
Mentor Ohio, 44060
440-974-5785

JOB TITLE: Fire Inspector

TYPES OF DUTIES PERFORMED:

Fire inspections of occupancies throughout the city, plan reviews for new construction and remodels, witnessing sprinkler tests, alarm tests, fire pump tests.

HOURS TO BE WORKED: 7:30--1600 @ 20 hours a week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Terry Scott
Employee Signature

1/19/11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/20/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2012 (NOTE: Approval must be renewed annually)



MENTOR FIRE DEPARTMENT

8467 CIVIC CENTER BLVD.
MENTOR, OHIO 44060

ADMINISTRATION
440/974-5765

FIRE PREVENTION
440/974-5768

PUBLIC EDUCATION
440/974-5769

CLEVELAND LINE
440/942-8796

FAX
440/974-5706

January 19, 2011

To Whom It May Concern;

Please be advised, Terry Scott is a part time employee with the City of Mentor, Mentor Fire Department. The City provides Workers Compensation coverage to their employees.

If you have any questions, please contact me.

Yours in safety,

A handwritten signature in black ink, appearing to read 'R. M. Searles', written in a cursive style.

Robert M. Searles
Deputy Chief

TT:sn

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: JOSEPH A. STEVENS Rank: FGF Badge: FF21 Date of Appointment: 09-05-95

Present assignment: Office ☐ Car 713 ☒

Employer: CROAGH SECURITY LTD Address: 3511 GRANTON City: CLEVE Type of Business: SECURITY

Address of Secondary Employment: CITY WIDE Nature of Duties: SECURITY - TRAFFIC CONTROL

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☐ Other Authorized ☒ Civilian Dress ☐

Description of Firearm: GLOCK MODEL 17 SEMI-AUTO 9MM Serial #: FTX 602 Requalification Date: MAY/11

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: ONE YEAR Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: TENABLE SECURITY Address: 2423 PAYNE Weekly Hours: 20

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and ~~Taser~~ on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 3 each year.

Print Members Name: JOSEPH A. STEVENS Signature: [Signature] Date: 01-05-11

Arson Unit Chief: Michael D. O'Brien Date: 1/6/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/11/2011 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McGeath Date: 1-11-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: [Signature] Date: 1/25/2011

SAFETY DIRECTOR



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011

CROAGH SECURITY LTD
3511 GRANTON AVE
CLEVELAND, OH 44111



ohiobwc.com

Maisha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: ERIC BURCHAK Rank: CAPT. Badge: FF35 Date of Appointment: 6-1-93 ^{CPD} 10-15-01

Present assignment: Office ☐ Car 713 ☒

Employer: TENABLE SECURITY INC. Address: 2423 PAYNE AVE City: CLEVELAND Type of Business: SECURITY

Address of Secondary Employment: VARIES - WITHIN CITY OF CLEVELAND Nature of Duties: OFF DUTY POLICE

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: GLOCK 17 Serial #: FTX 193 Regualification Date: APRIL 2010

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 12 MONTHS Maximum number of hours per week: 20 * ALL PART TIME HOURS COMBINED WILL NOT EXCEED

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: AETNA METAL RECYCLING INC. Address: 8300 AETNA RD. / 3296 COLUMBIA RD, RICHFIELD Weekly Hours: X

Employer: ORDAGH SECURITY LTD. Address: 3511 GRANTON AVE, CLEVE. OH Weekly Hours: X

- Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
- Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: ERIC BURCHAK, CAPT. Signature: Eric Burchak Capt. Date: 1-9-2011

Arson Unit Chief: Michael A. Di Biase Date: 1/10/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/11/2011 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael Mc Grath Date: 1-11-11 Approved: ☒ Denied: ☐

Comments:

Approval:

[Signature] 1/25/2011
SAFETY DIRECTOR

Date:



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC
2423 PAYNE AVE
CLEVELAND OH 44114-4428

ohiobwc.com

Marsha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1253212

07/01/2010 Thru 02/28/2011

AETNA METAL RECYCLING INC
3296 COLUMBIA RD STE 101
RICHFIELD, OH 44286-9622

ohioobwc.com

Maisha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.


**Bureau of Workers'
Compensation**

 30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

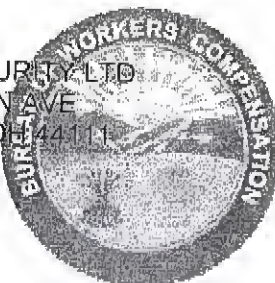
This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011

 CROAGH SECURITY LTD
3511 GRANTON AVE
CLEVELAND, OH 44111


ohiobwc.com

Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation
Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.


**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: Joan M. Weir Rank: FD-7 Badge: FF30 Date of Appointment: 1/1989

Present assignment: Office ☐ Car 713 ☒

Employer: CROagh Sec. Ltd. Address: 3511 Branton City: Cleveland Type of Business: Security

Address of Secondary Employment: City of Cleveland Nature of Duties: Security/Trapp

Cleveland Arson Unit Uniform Worn: ☒ Departmental Issue ☐ Other Authorized ☒ Civilian Dress:

Description of Firearm: Block model #426 MAO Serial #: NNA 150 MAO Requalification Date: 1/2011

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: _____ Maximum number of hours per week: 20 hrs.

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: Venable Security Address: 2423 Payne Ave. Weekly Hours: 20

Employer: _____ Address: _____ Weekly Hours: _____

- Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
- Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: Joan M. Weir Signature: Joan M. Weir Date: 01/05/11

Arson Unit Chief: Michael J. DeBe Date: 1/6/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/11/2011 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McBeath, Chief Date: 1-11-11 Approved: ☒ Denied: ☐

Comments:

Approval: Moh 1/25/2011 Date: _____

SAFETY DIRECTOR



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

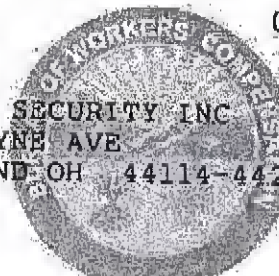
Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC
2423 PAYNE AVE
CLEVELAND OH 44114-4428



ohiobwc.com

Maisha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: CHARLES CHALUPA Rank: LIEUTENANT Badge: 4FF37 Date of Appointment: 5-8-89

Present assignment: Office ☐ Car 713 ☒

Employer: CROAGH SECURITY ^{LTD} Address: 3511 GRANTON City: CLEVELAND Type of Business: SECURITY

Address of Secondary Employment: CITY WIDE - CLEVELAND Nature of Duties: SECURITY

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☐ Other Authorized ☒ Civilian Dress

Description of Firearm: GLOCK ^{MODEL 17 # 26} SEMI-AUTO 9MM Serial #: 17-MTX294 26-LFC792 Qualification Date: MARCH-2011

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 1 YEAR Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: TENABLE SECURITY Address: 2423 PAYNE Weekly Hours: 20

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: CHARLES CHALUPA Signature: Charles Chalupa Date: 1-1-11

Arson Unit Chief: Michael A. DeBevoise Date: 1/6/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/11/2011 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McGrath, Chief Date: 1-11-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

MDL 1/25/2011
SAFETY DIRECTOR

Date: _____



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

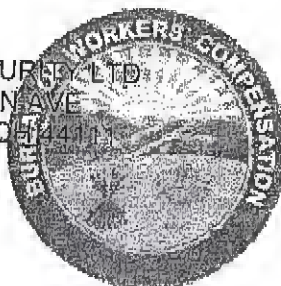
Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011

CROAGH SECURITY LTD.
3511 GRANTON AVE
CLEVELAND, OH 44111



ohiobwc.com

Maisha P. Ryan
Administrator

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Ohio Bureau of Workers' Compensation

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**Bureau of Workers'
Compensation**

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DP-29 BWC-1629 7/7/08



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC
2423 PAYNE AVE
CLEVELAND OH 44114-4428



ohiobwc.com

Maisha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Daniel S Viancourt
(Employee Name)

Date: January 20, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/20/11
Date

☒ Approved

☐ Disapproved

 Chief
Chief, Division of Police

2-1-11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: Daniels Viancourt Rank: LT. Badge: FF#32 Date of Appointment: 05/08/89

Present assignment: Office ☐ Car 713 ☒

Employer: CROASH Security Address: 3511 Stanton City: Cleveland Type of Business: Security

Address of Secondary Employment: Various locations Nature of Duties: Security

Cleveland Arson Unit Uniform Worn: ☒ Departmental Issue ☐ Other Authorized ☒ Civilian Dress

Description of Firearm: Glock 19 Serial #: KKR 147 Qualification Date: 05/11/10

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: Indefinite Maximum number of hours per week: 20 (total)

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: Tenaske Security Address: 2423 Payne Weekly Hours: 20 (total)

Employer: _____ Address: _____ Weekly Hours: _____

Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No

Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: Daniel S. Viancourt Signature: [Signature] Date: 1/10/11

Arson Unit Chief: Michael A. Delaney Date: 1/16/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/20/11 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McKeath Date: 2-1-11 Approved: ☐ Denied: ☐

Comments: _____

Approval: _____ Date: _____

SAFETY DIRECTOR


**Bureau of Workers'
Compensation**

 30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

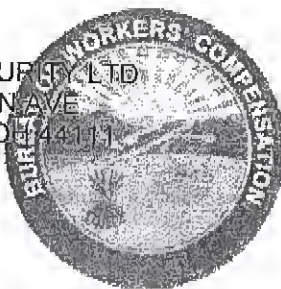
This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011

 CROAGH SECURITY LTD
3511 GRANTON AVE
CLEVELAND, OH 44111


ohiobwc.com

Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation
Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.


**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29.BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Leonard Simmerly
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved
[Signature]
Chief, Division of Fire

☐ Disapproved
1/24/11
Date

☒ Approved
Michael McBeath
Chief, Division of Police *Chief*

☐ Disapproved
2-1-11
Date

☒ Approved
Martin L. Flask
Martin L. Flask, Director

☐ Disapproved

Date

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: LEONARD J. SIMMERLY Rank: FGF Badge: FF #26 Date of Appointment: 5/14/01

Present assignment: Office ☐ Car 713 ☒

Employer: SECURITY HUT Address: 18614 DETROIT City: LAKEWOOD Type of Business: SECURITY

Address of Secondary Employment: 3050 W. 117 ST. Nature of Duties: SECURITY OFFICER

Cleveland Arson Unit Uniform Worn: ☒ Departmental Issue ☐ Other Authorized ☐ Civilian Dress

Description of Firearm: GLOCK 19 Serial #: FUF363 Requalification Date: 9/8/10

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: INDEFINITE Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: LEONARD SIMMERLY Signature: Leonard Simmerly Date: 01/14/11

Arson Unit Chief: Michael A. Od BC Date: 1/20/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/21/11 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McKeath Date: 2-1-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

Date: _____

SAFETY DIRECTOR



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011

CROAGH SECURITY LTD.
3511 GRANTON AVE
CLEVELAND, OH 44111



ohiobwc.com

Maisha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

Ohio

**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1173370

07/01/2010 Thru 02/28/2011

SECURITY HUT
18614 DETROIT
LAKEWOOD, OH



ohiobwc.com

Michael P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

<https://www.ohiobwc.com/employer/services/payroll/secure/certificate.asp?txtCID=19745...> 8/10/2010



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Mark W. Wright
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

Paul Stubbs
Chief, Division of Fire

☐ Disapproved

1/24/11
Date

☒ Approved

Michael McGrath
Chief, Division of Police *Chief*

☐ Disapproved

2-1-11
Date

☒ Approved

Martin L. Flask
Martin L. Flask, Director

☐ Disapproved

Date

cc: Chief Stubbs: After Decision

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: Mark W. Wright Rank: Detective Badge: FF01 Date of Appointment: 3-16-1981

Present assignment: ☒ Office ☐ Car 713

Employer: Tri-C Address: 2900 Community Col City: Cleveland Type of Business: Educational

Address of Employment: 4250 Richmond Rd Nature of Duties: Basic Police Patrol

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: Smith & Wesson 5943 Serial #: VCR 8147 Requalification Date: 3-19-10

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

Worker's compensation coverage letter attached.

I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: Present to 1-31-2011 Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.

Print Members Name: Mark W. Wright Signature: Mark W Wright Date: 1-19-11

Arson Unit Chief: Michael A. Od BC Date: 1/20/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/24/11 Approved: ☒ Denied: ☐

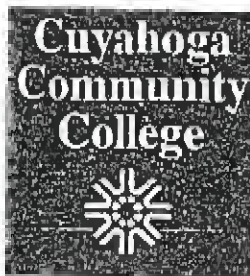
Chief, Division of Police: Nicki McGeath Date: 2-1-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

SAFETY DIRECTOR

Date: _____



September 18, 2009

City of Cleveland
Attention: Chief Paul Stubbs

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey, Victor Gill and Mark Wright are covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoenich

Marge Hoenich
Coordinator II, Human Resources
(216) 987-4837

Human Resources
District Administrative Services
700 Carnegie Avenue
Cleveland, Ohio 44115-2878



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Victor M. Gill
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



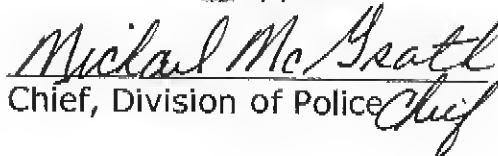
Chief, Division of Fire

1/24/11

Date

☒ Approved

☐ Disapproved



Chief, Division of Police

2-1-11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.Name: Victor M. Gill Rank: Lieutenant Badge: 123 Date of Appointment: 7/18/83Present assignment: ☐ Office ☒ Car 713Employer: Tri-C Address: 2900 Comm. College City: Cleveland Type of Business: EducationalAddress of Employment: 2900 Community College Avenue Nature of Duties: Police OfficerCleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian DressDescription of Firearm: Glock Serial #: KKR 251 Requalification Date: 6/14/10

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: July 1 - June 30 Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

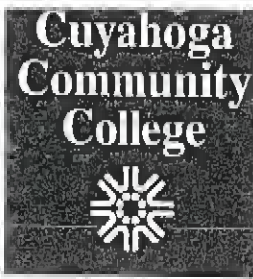
I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.Print Members Name: Victor M. Gill Signature: [Signature] Date: 1/20/11Arson Unit Chief: Michael A. Od BC Date: 1/21/2011 Approved: ☒ Denied: ☐Chief, Division of Fire: [Signature] Date: 1/24/11 Approved: ☒ Denied: ☐Chief, Division of Police: Nicholas McGeath Date: 2-1-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

Date: _____

SAFETY DIRECTOR



September 18, 2009

City of Cleveland
Attention: Chief Paul Stubbs

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey, Victor Gill and Mark Wright are covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

A handwritten signature in cursive script that reads "Marge Hoenich".

Marge Hoenich
Coordinator II, Human Resources
(216) 987-4837

Human Resources

District Administrative Services

700 Carnegie Avenue

Cleveland, Ohio 44115-2878

216•987•4843 FAX 216•987•4799

Cuyahoga Community College is an affirmative action / equal opportunity institution.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Preston King-Bey
(Employee Name)

Date: January 26, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

1/26/11
Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Preston King-Bey CLASSIFICATION: EGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cuyahoga County Justice Affairs-Cecoms
1245 Euclid Ave. Suite 102 Cleveland 44115
216-771-1363

JOB TITLE: Emergency Communication 9-1-1 Operator

TYPES OF DUTIES PERFORMED:

9-1-1 call taker, Mabas alerts, amber alerts, update hospital restrictions and weather bulletins.

HOURS TO BE WORKED: 8-16 hrs a week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Preston W. King-Bey
Employee Signature

1-26-11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/26/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0

NO EXPIRATION DATE

**CUYAHOGA COUNTY COMMISSIONER
HUMAN RESOURCE DEPARTMENT
112 HAMILTON AVE FL 2
CLEVELAND OH 44114**

DP-22

BWC - 1022 (REV. 3/88)

012618965

James Conrad
ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/86



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Johnny Brewington
(Employee Name)

Date: January 19, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/19/11
Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Johnny Brewington CLASSIFICATION: Battalion Chief

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cuyahoga Community College Fire Training Academy

11000 Pleasant Valley Road 44130-5199

(216) 987-5063

JOB TITLE: Adjunct Fire Instructor

TYPES OF DUTIES PERFORMED: State of Ohio 240 Hours Firefighter Course.

HOURS TO BE WORKED: Several classes per semester based on schedule availability

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Johnny Brewington
Employee Signature

January 18, 2011
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/19/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC and press 2.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

30005721

NO EXPIRATION DATE

CUYAHOGA COMMUNITY COLLEGE
700 CARNEGIE AVE
CLEVELAND OH 44115-2878

www.ohiobwc.com

James Conrad
ADMINISTRATOR

1000006696 THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Johnny Brewington
(Employee Name)

Date: January 19, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/19/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Johnny Brewington CLASSIFICATION: Battalion Chief

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

City of East Cleveland
14340 Euclid Avenue 44112
(216) 681-2265

JOB TITLE: Civil Service Commissioner

TYPES OF DUTIES PERFORMED: Provide comprehensive services for classified service
personnel.

HOURS TO BE WORKED: Two to four hours per month - ten regular meetings per year.

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Johnny Brewington
Employee Signature

January 18, 2011
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/19/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2012 (NOTE: Approval must be renewed annually)

(706) 681-2749

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31805902

01/01/2008 THRU 12/31/2008

East Cleveland
14340 Euclid Ave
Cleveland, OH 44112

www.ohiobwc.com

Marsh P. Ryan

ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Angelo Calvillo
(Employee Name)

Date: January 20, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/20/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: ANGELO CALVILLO

CLASSIFICATION: CAPTAIN

DEPARTMENT: SAFETY

DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

BROOKLYN HEIGHTS FIRE DEPARTMENT
345 TUXEDO AVE BROOKLYN HTS. OHIO
216-351-3542

JOB TITLE: CAPTAIN

TYPES OF DUTIES PERFORMED: SUPPRESSION, MEDICAL EMERGENCIES

HOURS TO BE WORKED: 20 HRS / WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]

Employee Signature

1/20/2011

Date

AUTHORIZED BY:

[Signature]

APPOINTING AUTHORITY

1/20/11

DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2009~~
2012

(NOTE: Approval must be renewed annually)



*Brooklyn Heights Fire Department
345 Tuxedo Avenue
Brooklyn Heights Ohio 44131*

*Michael Lasky
Fire Chief*

*Office: (216) 351-3542
Fax: (216) 749-0892*

January 7, 2011

City of Cleveland
Division of Fire

To Whom It May Concern:

This letter is to verify that Angelo Calvillo is a Part-time / as needed Fire Fighter for the Village of Brooklyn Heights . Angelo is covered by our Worker's Compensation # 31811703 while on duty for the Village of Brooklyn Heights.

With regards,

A handwritten signature in black ink, appearing to read "Michael Lasky", is written over the printed name and title.

Michael Lasky,
Fire Chief
Village of Brooklyn Heights

ML/djt



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of


David J. Telban
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: David J. Telban CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Clinic Foundation
9300 Euclid Ave.
Cleveland, Ohio
1-440-824-6116

JOB TITLE: Paramedic

TYPES OF DUTIES PERFORMED:

Routine paramedic skills, Office work

HOURS TO BE WORKED: 20Hrs.

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

01.21.11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/24/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ (NOTE: Approval must be renewed annually)

**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215-2258Governor Ted Strickland
Administrator Marsha P. Ryanohioobwc.com
1-800-ONIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Risk No. & Employer 20004199 CLINIC CARE, INC 9500 EUCLID AVE # JJ-19 CLEVELAND, OH 44195	Period Specified Below 1st DAY OF November 2008 1st March 2009
---	---

Subs

20004199-3	CCF HOTEL SERVICES INC
20004199-4	CLEVELAND CLINIC HOME CARE

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan
Administrator

BWC-7201

SI-1



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Donald Muetzel
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

1/24/11
Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: DONALD MUETZEL

CLASSIFICATION: LIEUTENANT *H+L #30*

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

GRELLER AND COMPANY INC.
6668 ENGLE ROAD CLEVELAND OHIO 44130
216-433-0200

JOB TITLE: DRIVER SHIPPING AND RECEIVING

TYPES OF DUTIES PERFORMED:

DRIVER, MACHINE MECHANIC.

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Employee Signature Lt. Daniel P. Hoff

1-27-2011
Date

AUTHORIZED BY: 

APPOINTING AUTHORITY

DATE 1/29/11

DEPARTMENT DIRECTOR

DATE _____

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

03/2010

2012



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1198152

07/01/2010 Thru 02/28/2011

GRELLER & COMPANY INC
6668 ENGLE RD
CLEVELAND, OH 44130-7906

ohiobwc.com

Made Pagan
Administrator

You can reproduce this certificate as needed.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Robert L. Fisher
(Employee Name)

Date: January 24, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Robert L. Fisher

CLASSIFICATION: EGFF HL # 30

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Christies Cabaret 1180 Main Ave. Cleveland Ohio 44113 216-574-6222

JOB TITLE: Manager/ Policy number for Worker's Comp. 1083791

TYPES OF DUTIES PERFORMED:

Supervisory

HOURS TO BE WORKED: Undetermined

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/22/11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/24/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2012 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1083791

7/1/2008 THRU 2/28/2009

ENTERTAINMENT USA OF CLEVELAND INC
CHRISTIE'S CABARET
5100 POPLAR AVE STE 2114
MEMPHIS, TN 38137-2114

ohiobwc.com

Maisha P. Ryan
Administrator

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

THIS LANGUAGE MUST BE POSTED WITH THE CERTIFICATE OF COVERAGE



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Jace E. Cifranic
(Employee Name)

Date: January 25, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/26/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

2/1/11

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: JACE E. CIFRANIC

CLASSIFICATION: 4GF

DEPARTMENT: PUBLIC SAFETY

DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CITY OF CLEVELAND - OFFICE OF BUDGET & MANAGEMENT

601 LAKESIDE AVENUE

664-2536 / 664-6360

JOB TITLE: BUDGET ANALYST

TYPES OF DUTIES PERFORMED: BUDGET ANALYSIS / BUDGET PREPARATION

HOURS TO BE WORKED: 16 - 20 HRS PER WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Jace E. Cifranic
Employee Signature

1/23/11
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY

1/20/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Patrick Kelly
(Employee Name)

Date: January 25, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/26/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/1/11
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Patrick Kelly CLASSIFICATION: Assistant Chief

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cuyahoga Community College
11000 Pleasant Valley Rd
Parma Ohio 44130

JOB TITLE: Fire Instructor

TYPES OF DUTIES PERFORMED:

Assist in the instruction of Fire Cadet Students

HOURS TO BE WORKED: 8-20 hours/week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Patrick J. Kelly
Employee Signature

1-24-11
Date

[Signature]
AUTHORIZED BY
APPOINTING AUTHORITY

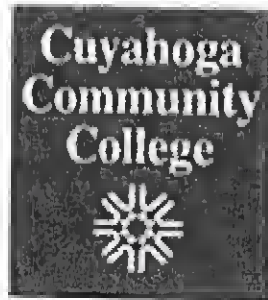
1/26/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~

(NOTE: Approval must be renewed annually)



Medical Providers Billing Information Notice

Effective September 1, 2008 Cuyahoga Community College has been granted the privilege of self-insurance in its Workers' Compensation program. As such, all bills will be processed through the College. Effective July 1, 2010, CareWorks Consultants Inc. ("CCI") is the third party administrator for workers' compensation for the College. Please submit bills to:

CareWorks Consultants Inc.

5500 Glendon Court

Dublin, OH 43016

Phone # 1-800-837-3200

FAX # 614-764-7629

Medical only claims, those with less than seven days lost time no longer need to be filed with the Ohio Bureau of Workers' Compensation. Completed First Report of Injury (FROI) forms should be forwarded to the College instead of the Bureau of Workers' Compensation. Your cooperation will ensure that the bills will be paid in an expedient manner, utilizing the Ohio Bureau of Workers' Compensation FEE guidelines.

Any questions regarding billings may be directed to the College at: (216) 987-4795.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

David McNeilly
(Employee Name)

Date: February 2, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

2/2/11
Date

☒ Approved

☐ Disapproved

 2/14/2011
Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: DAVID MCNEILLY CLASSIFICATION: ASSISTANT CHIEF

DEPARTMENT: SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CASE MEDICAL CENTER
11100 EUCLID AVE
CLEVELAND, OHIO 44106

JOB TITLE: REGISTERED NURSE 216-844-8666

TYPES OF DUTIES PERFORMED: HOSPITAL INPATIENT

HOURS TO BE WORKED: VARIOUS SHIFTS 0700-1500, 1500-2300, 2300-0700

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

D. McNeilly
Employee Signature

1/27/11
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY

2/2/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2258

Governor **Ted Strickland**
Administrator **Marsha P. Ryan**

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002687 UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER RD LOWR LEVEL SHAKER HTS, OH 44122	Period Specified Below 1st DAY OF October 2010 1st DAY OF October 2011
---	--

Subs

20002687-1	MEMORIAL HOSPITAL OF GENEVA
20002687-2	THE BROWN MEMORIAL HOSPITAL
20002687-4	THE COMMUNITY HOSPITAL OF BEDFORD INC
20002687-6	UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES, INC.
20002687-7	UNIVERSITY HOSPITALS HOME CARE SERVICES, INC.
20002687-9	UNIVERSITY HOSPITALS MANAGEMENT SERVICES ORGANIZATION, INC.
20002687-10	UNIVERSITY PRIMARY CARE PRACTICES
20002687-12	UNIVERSITY HOSPITALS HEALTH SYSTEM MCO, INC.
20002687-15	UHHS RICIMOND HEIGHTS HOSPITAL
20002687-17	THE GEAUGA HOSPITAL ASSOCIATION, INC.
20002687-18	UNIVERSITY HOSPITALS OF CLEVELAND
20002687-19	UNIVERSITY HOSPITALS HEALTH SYSTEM-HEATHER HILL

THIS IS TO CERTIFY that on date hercof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan
Administrator



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor Ted Strickland
Administrator Marsha P. Ryan

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002687 UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER RD LOWR LEVEL SHAKER HTS, OH 44122	Period Specified Below 1st DAY OF October 2010 1st DAY OF October 2011
---	--

20002687-20 UNIVERSITY HOSPITALS MEDICAL GROUP, INC.
20002687-21 UNIVERSITY HOSPITALS WRAP UP PROJECT

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan
Administrator



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

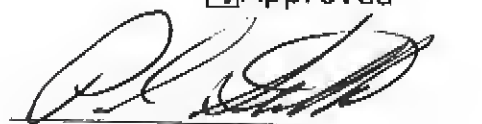
Scott Uline
(Employee Name)

Date: February 8, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/8/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Scott Uline CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Environmental Conditioning Systems
7567 Tyler Blvd.
Mentor, Ohio 44060

JOB TITLE: HVAC Service Tech

TYPES OF DUTIES PERFORMED:

Repair of Commercial HVAC equipment

HOURS TO BE WORKED: 20 or as needed

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/22/11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

2/8/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2012 (NOTE: Approval must be renewed annually)

ECS

ENVIRONMENTAL CONDITIONING SYSTEMS

January 28, 2011

City of Cleveland
Division of Fire/Public Safety

Re: Scott Uline
HVAC Service Technician

To Whom It May Concern:

Please be advised that Scott Uline is covered by our Company Liability Insurance and Ohio Bureau of Workers' Compensation Policy #847128 when performing HVAC service duties for this Company.

Very truly yours,

HANK BLOOM SERVICES, INC. dba
ENVIRONMENTAL CONDITIONING SYSTEMS



Barbara A. Bloom
Secretary/Treasurer

/bb

Cc: Scott Uline



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John O'Flaherty
(Employee Name)

Date: February 8, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/8/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: JOHN O'FLAHERTY CLASSIFICATION: LIEUTENANT

DEPARTMENT: PUBLIC SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

PROED COMMUNICATIONS, INC

25601 CHAGRIN BLVD SUITE 230

BRADWOOD, OH 44122 216-795-7917

JOB TITLE: ASSOCIATE SCIENTIFIC DIRECTOR

TYPES OF DUTIES PERFORMED: MEDICAL / SCIENTIFIC COMMUNICATIONS AND
SCIENTIFIC CONSULTING.

HOURS TO BE WORKED: 9A TO 5P ~20-24h PER WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature] LT
Employee Signature

2.4.11
Date

[Signature]
AUTHORIZED BY:

APPOINTING AUTHORITY

2/8/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

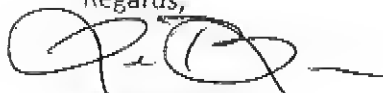
January 27, 2011

To Whom It May Concern:

This letter is to certify that our current employee, John O'Flaherty, Associate Scientific Director for ProEd Communications is covered under Worker's Compensation through the Ohio Bureau of Worker's Compensation. He is covered for any injuries he should sustain during the course of his work for ProEd while on Company premises or while traveling for ProEd business as per applicable law. Our BWC number is 1072386 and our current BWC Certificate is enclosed.

Please do not hesitate to contact me at the number below should you have any questions.

Regards,



Terri Bednar, PHR

HR Generalist

terri.bednar@proedcom.com

216-595-7919 X8854

Enclosure:



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1072386

07/01/2010 THRU 02/28/2011

PRO ED COMMUNICATIONS, INC.
25101 CHAGRIN BLVD SUITE 230
BEACHWOOD, OH 44122



ohiobwc.com

Maude P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

William J. Sibert
(Employee Name)

Date: February 10, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/10/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Sibert, Wm. J.

CLASSIFICATION: FGF

DEPARTMENT: Cleveland

DIVISION: Fire L-39

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

St. Joseph Academy
3430 Rocky River Drive
Cleveland, OH. 44111

JOB TITLE: Bus Driver / Custodian

TYPES OF DUTIES PERFORMED: Drive school Bus
Custodial duties

HOURS TO BE WORKED: 20 per week maximum

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Wm J Sibert

Employee Signature

01-27-11
Date

AUTHORIZED BY:

[Signature]

APPOINTING AUTHORITY

2/10/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991797

07/01/2010 Thru 02/28/2011

SAINT JOSEPH ACADEMY
3430 ROCKY RIVER DR
CLEVELAND, OH 44111-2937

ohiobwc.com

Marsha P. Ryan
Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Virgil L. Pittman, Jr.
(Employee Name)

Date: February 2, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

2/2/11
Date

☒ Approved

☐ Disapproved

 2/14/2011
Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: VIRGIL L. PITTMAN, JR. CLASSIFICATION: LIEUTENANT

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CUYAHOGA EMERGENCY COMMUNICATIONS (CECOMS)
1255 EUCLID AVE
CLEVELAND, OHIO 44115
216-771-1363

JOB TITLE: EMERGENCY COMMUNICATIONS OPERATOR

TYPES OF DUTIES PERFORMED:

ANSWER AND DIRECT EMERGENCY 911 CALLS TO THEIR APPROPRIATE (PSAP)
SEND OUT AMBER, MABAS AND EMERGENCY COMMUNICATIONS FOR MASS
CASUALTIES ALERTS. POST HOSPITAL NOTIFICATIONS.

HOURS TO BE WORKED: 8-24 hrs. per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Virgil L. Pittman, Jr.
Employee Signature

1-21-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

2/2/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2012 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0

NO EXPIRATION DATE

CUYAHOGA COUNTY COMMISSIONER
HUMAN RESOURCE DEPARTMENT
112 HAMILTON AVE FL 2
CLEVELAND OH 44114

James Conrad
ADMINISTRATOR

DP-22

BWC - 1622 (REV. 5/96)

012615565

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/06



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Jeffrey Yancey
(Employee Name)

Date: February 8, 2011

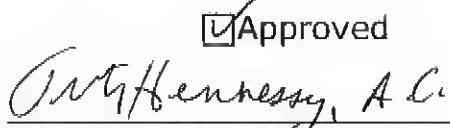
I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


Chief, Division of Fire

☐ Disapproved
2/8/11

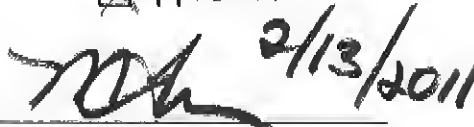
Date

☒ Approved


Chief, Division of Police

☐ Disapproved
2/15/11

Date

☒ Approved


Martin L. Flask, Director

☐ Disapproved
2/13/2011

Date

cc: Chief Stubbs: After Decision

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: Jeffrey Yancey Rank: FGF Badge: 18FF/746 Date of Appointment: May 8, 1989

Present assignment: ☐ Office ☒ Car 713

Employer: C.C.C. Metro Address: 2900 Comm Coll Ave. City: Cleveland Type of Business: College

Address of Employment: 2900 Community College Ave. Nature of Duties: Police/Security

Cleveland Arson Unit Uniform Worn: ☒ Departmental Issue ☐ Other Authorized ☐ Civilian Dress

Description of Firearm: Glock 19 Serial #: GAG 797 Requalification Date: 6-10-10

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

Worker's compensation coverage letter attached.

I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: Indefinitely Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.

Print Members Name: Jeffrey Yancey Signature: Jeffrey Yancey Date: 1-23-11

Arson Unit Chief: Michael A. Od Date: 2/1/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 2/8/11 Approved: ☒ Denied: ☐

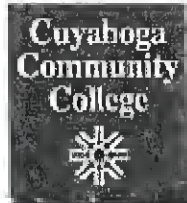
Chief, Division of Police: Anthony A.C. Date: 2/15/11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

Date: _____

SAFETY DIRECTOR



June 9, 2010

City of Cleveland
Attention: Chief of Police

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey is covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoenich

Marge Hoenich
Coordinator II, Human Resources
(216) 987-4837

Human Resources
District Administrative Services
700 Carnegie Avenue
Cleveland, Ohio 44115-2878
216*987*4843 FAX 216*987*4799

Cuyahoga Community College is an affirmative action / equal opportunity institution



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Majercak
(Employee Name)

Date: February 17, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

2/17/11

Date

☒ Approved

☐ Disapproved

 2/23/2011

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Michael Majersak CLASSIFICATION: Medic
DEPARTMENT: Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Clinic Foundation
9500 Euclid, Cleveland Ohio
440-824-6116

JOB TITLE: Paramedic

TYPES OF DUTIES PERFORMED: Pt. care at sport events

HOURS TO BE WORKED: 10-15 per wk

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Michael Majersak
Employee Signature

2/17/11
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

2/17/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215-2256

Governor Ted Strickland
Administrator Marsha P. Ryan
ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

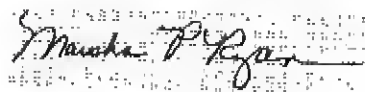
Risk No. & Employer 20004199 CLINIC CARE, INC 9500 EUCLID AVE # JJ-19 CLEVELAND, OH 44195	Period Specified Below 1st DAY OF November 2008 1st March 2000
---	---

Subs

20004199-3 CCF HOTEL SERVICES INC
20004199-4 CLEVELAND CLINIC HOME CARE

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.



Marsha P. Ryan
Administrator

BWC-7201
SI-1



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

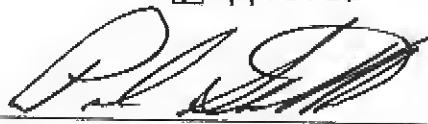
John Eddy
(Employee Name)

Date: February 14, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



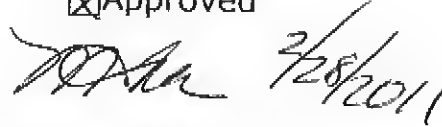
Chief, Division of Fire

2/15/10

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: John Eddy CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Board of Elections
2925 Euclid Ave
Cleveland, Ohio 55115

JOB TITLE: GIS Technician

TYPES OF DUTIES PERFORMED:

Computer Mapping / Cartography

HOURS TO BE WORKED: 20/ week avg

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

John Eddy
Employee Signature

2/10/11
Date

[Signature]
AUTHORIZED BY:

2/15/11
DATE

APPOINTING AUTHORITY

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)



CUYAHOGA COUNTY
BOARD OF ELECTIONS

Jeff Hastings
Chairman

Inajo Davis Chappell

Robert S. Frost

Eben O. (Sandy) McNair, IV

Jane M. Platten
Director

Pat McDonald
Deputy Director

February 4, 2011

Mr. John Eddy

Westlake, Ohio

Dear Mr. Eddy:

You are currently employed with the Cuyahoga County Board of Elections (CCBOE) as a Senior GIS Technician. If a CCBOE employee is injured while performing his job duties for the CCBOE, an accident report is generated and submitted to the Workers Compensation Division of the Office of Human Resources under the Cuyahoga County Executive. The division coordinator is Donna Barthany and she can be contacted with questions at 216-443-5605.

Please do not hesitate to contact me with questions at 216-443-6468.

Respectfully yours,

Anthony Perlatti
Human Resources Manager





City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Christopher Posante
(Employee Name)

Date: February 28, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved
[Signature]
Chief, Division of Fire

☐ Disapproved
3/4/11
Date

☒ Approved
Michael McGeath
Chief, Division of Police

☐ Disapproved
3-25-11
Date

☒ Approved
M. L. Flask 3/29/2011
Martin L. Flask, Director

☐ Disapproved

Date

cc: Chief Stubbs: After Decision

file

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☒ NEW REQUEST ☐ RENEWAL) to engage in secondary employment.

Name: POSANTE, CHRIS Rank: CAPT Badge: FF-33 Date of Appointment: 5-8-89

Present assignment: Office ☐ Car 713 ☐
CLEVELAND STATE

Employer: UNIVERSITY Address: 2121 EUCLID City: CLEVE Type of Business: UNIVERSITY

Address of Secondary Employment: 2121 EUCLID Nature of Duties: POLICE

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: GLOCK 17 Serial #: KWD 886 Qualification Date: 10-10

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: - ON-GOING Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: POSANTE, CHRIS Signature: [Signature] Date: 2-23-11

Arson Unit Chief: Michael A. Od BC Date: 3/3/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 3/4/11 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McGrath Date: 3-25-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

SAFETY DIRECTOR

Date: _____

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS OHIO 43215-2250

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

10003128-0

PUBLIC EMPLOYER

N/A THRU N/A

CLEVELAND STATE UNIVERSITY

NO LAPSE COVERAGE

1983 E 24TH ST # FT201

CLEVELAND, OH 44115-2403

www.ohioobwc.com

Mark P. Ryan

ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

11j-CLEV-01-11-2008

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

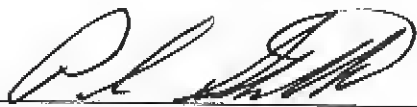
Darrin Kebbel
(Employee Name)

Date: March 4, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

3/7/11
Date

☒ Approved

☐ Disapproved

 3/7/2011
Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision

file



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Keshel, Darrin CLASSIFICATION: Firefighter

DEPARTMENT: Fire DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

MFC Fire Training Academy
11000 Pleasant Valley Road
Parma, Ohio 44130

JOB TITLE: EMS Support Specialist / Instructor Fire

TYPES OF DUTIES PERFORMED: Assist with Agility Testing and Cardiac classes

HOURS TO BE WORKED: 0-20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Darrin Keshel
Employee Signature

2/24/11
Date

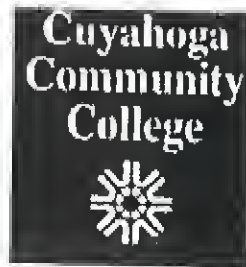
[Signature]
AUTHORIZED BY:
APPOINTING AUTHORITY

3/7/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)
2012



February 16, 2011

City of Cleveland
Department of Public Safety
Division of Fire

RE: Policy Number SI 20005579

Please accept this letter as confirmation that Darrin Kebbel is covered by Workers' Compensation Policy Number SI 20005579 while working for Cuyahoga Community College.

If you should have questions, please feel free to contact me.

Best Regards,

Joanie Soeder
Leave Administrator
Cuyahoga Community College
Phone: 216-987-4795
Fax: 216-987-4827

Human Resources
District Administrative Services
200 Carnegie Avenue
Cleveland, Ohio 44115-2878
216-987-4840 FAX 216-987-4799

Cuyahoga Community College is an affirmative action / equal opportunity institution.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Patrick Mangan
(Employee Name)

Date: March 4, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

Chief, Division of Fire

3/7/11
Date

☒ Approved

☐ Disapproved

M. L. Flask 3/7/2011

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Patrick V. Mangan CLASSIFICATION: Batt Ch.

DEPARTMENT: Public Safety DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland State University
2121 Euclid Ave CE Rm 208
Cleveland, Ohio 44115-2214

JOB TITLE: HAZ MAT Program - Sales

TYPES OF DUTIES PERFORMED: SELL and Custom design
Emergency Preparedness Courses Public &
Private Sector Clients

HOURS TO BE WORKED: Flexible - MAX 20 hrs per CSU + CFD
Contract Policy

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Patrick V. Mangan
Employee Signature

2-23-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

3/7/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

2012



Cleveland State University

Division of Continuing Education

February 14, 2011

Paul Stubbs, Chief
Division of Fire

Dear Chief Stubbs,

Please be advised that while under the employ of Cleveland State University, Mr. Patrick Mangan is, and will continue to be, covered by the University's Worker's Compensation policy.

If you should have any other questions, please feel free to contact me at (216) 687-4842.

Sincerely,

Joseph K. Ertter, Jr.
Business Manager



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Thomas Jurcisin
(Employee Name)

Date: March 25, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

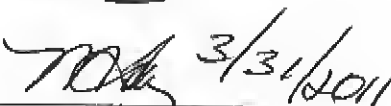
☐ Disapproved


Chief, Division of Fire

3/25/11
Date

☒ Approved

☐ Disapproved

 3/31/2011
Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: THOMAS JURCISIN CLASSIFICATION: FGF

DEPARTMENT: SAFETY DIVISION: FIRE (E-39)

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

YURCH BROS. LINE STRIPPING, INC.
7607 MADISON AVE
CLEVELAND, OHIO 44102

JOB TITLE: V-P

TYPES OF DUTIES PERFORMED: SCHEDULING, ESTIMATING

HOURS TO BE WORKED: 15 HOURS / WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

3/22/11
Date

[Signature]
AUTHORIZED BY:
APPOINTING AUTHORITY

3/25/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

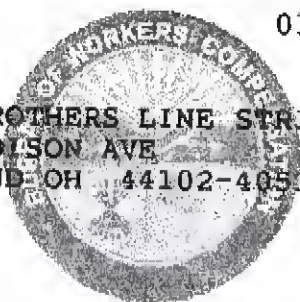
Policy No. and Employer

Period Specified Below

1001003

01/01/2011 THRU 08/31/2011

YURCH BROTHERS LINE STRIPING INC
7607 MADISON AVE
CLEVELAND OH 44102-4051



ohiobwc.com

Stephen Buchner
Administrator/CEO

You can reproduce this certificate as needed.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Elliott B. Clark
(Employee Name)

Date: May 25, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

5/27/11

Date

☒ Approved

☐ Disapproved

 5/27/2011

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: CLARK, ELLIOT B CLASSIFICATION: FGF

DEPARTMENT: DIVISION OF FIRE DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

TITISTLEDOWN RACE TRACK

21501 EMERY RD

CLEVELAND OHIO (216) 662-8600

JOB TITLE: EMT/FIRST AID

TYPES OF DUTIES PERFORMED: EMS + FIRST AID

HOURS TO BE WORKED: 20 hrs /WK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

5/18/11
Date

AUTHORIZED BY
[Signature]
APPOINTING AUTHORITY

5/27/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1332008

03/30/2011 Thru 08/31/2011

HARRAH'S ENTERTAINMENT INC
21501 EMERY ROAD
NORTH RANDALL OH 44128



ohlobwc.com

Stephen Buchner
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Kilbane
(Employee Name)

Date: June 6, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

Handwritten signature of Paul Stubbs in black ink.

Chief, Division of Fire

6/7/11
Date

☒ Approved

☐ Disapproved

Handwritten signature of Martin L. Flask in black ink, dated 6/8/2011.

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Michael Kilbane CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

JOB TITLE: Wellness Consultant and Speaker. SELF Employed

TYPES OF DUTIES PERFORMED:

HOURS TO BE WORKED: 15

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Michael Kilbane
Employee Signature

5-31-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

6/7/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2012 (NOTE: Approval must be renewed annually)



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Vazquez
(Employee Name)

Date: September 23, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

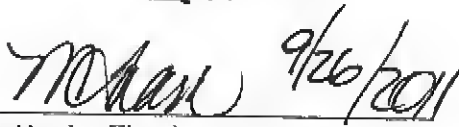
☐ Disapproved


Chief, Division of Fire

9/26/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Michael Vazquez CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

City of Medina
300 W Reagan Parkway
Medina OH 44256

JOB TITLE: Firefighter

TYPES OF DUTIES PERFORMED:

firefighting and EMS

HOURS TO BE WORKED: various, on call department

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

9-1-11
Date

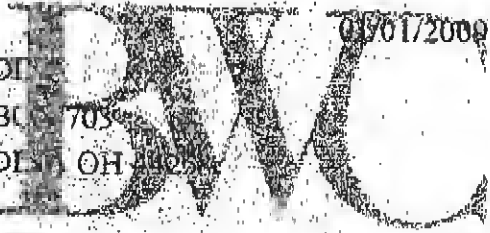
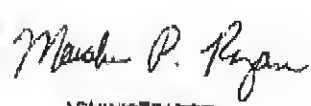
AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

9/26/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

STATE OF OHIO	
BUREAU OF WORKERS' COMPENSATION	
COLUMBUS, OHIO 43215-2238	
CERTIFICATE OF PREMIUM PAYMENT	
This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.	
THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.	
POLICY NO. AND EMPLOYER	PERIOD SPECIFIED BELOW
35205302	01/01/2009 THRU 05/15/2010
MEDINA PO BOX 703 MEDINA OH 44025	
www.ohiobwc.com CS01001	 ADMINISTRATOR
THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED	

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Joseph A. Stevens
(Employee Name)

Date: September 6, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

Across
Paul Stubbs
Chief, Division of Fire

9/7/11
Date

☒ Approved

☐ Disapproved

Michael McGeath
Chief, Division of Police

9-19-11
Date

☒ Approved

☐ Disapproved

Martin L. Flask
Martin L. Flask, Director

9.21.11
Date

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☒ NEW REQUEST ☐ RENEWAL) to engage in secondary employment.

Name: JOSEPH A STEVENS Rank: FOF Badge: FF21 Date of Appointment: 09-05-95

Present assignment: Office ☐ Car 713 ☒

Employer: WILLO SECURITY Address: 38230 GLENN City: WILLOUGHBY Type of Business: SECURITY

Address of Secondary Employment: CITY WIDE IN THE CITY OF CLEVELAND Nature of Duties: SECURITY - TRAFFIC CONT.

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: GLOCK M17 SEMI-AUTO 9MM Serial #: FTX 602 Requalification Date: MAY/11

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: ONE YEAR Maximum number of hours per week: LESS THEN 20 HRS TOTAL

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: CRODA SEC LTD Address: 3511 GRANTON, CLEVELAND Weekly Hours: VARIOUS, LESS THEN 20 HRS TOTAL

Employer: TENABLE Address: 2423 PAYNE, CLEVELAND Weekly Hours: VARIOUS, LESS THEN 20 HRS TOTAL

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working in secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: JOSEPH A STEVENS Signature: [Signature] Date: 09-01-11

Arson Unit Chief: Michael A. Od Date: 9/2/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 9/7/11 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McKeath Date: 9-19-11 Approved: ☒ Denied: ☐

Comments:

Approval:



SAFETY DIRECTOR

Date:

09/16/11 FRI 07:18 FAX
(Certificate of Coverage)

001/001

Page 1 of 1

Ohio Bureau of Workers' Compensation		38 W. Spring St. Columbus, OH 43216
Certificate of Premium Payment		
This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-0110BWC.		
This certificate must be conspicuously posted.		
Policy No. and Employer	Period Specified Below	
1172711	07/01/2011 Thru 02/29/2012	
WILLO SECURITY INC 38230 GLENN AVE WILLOUGHBY, OH 44094-7808 		
ohiobwc.com		
You can reproduce this certificate as needed.		

Ohio Bureau of Workers' Compensation	
Required Posting	
<p>Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or believe) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.</p> <p>The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.</p>	
Ohio Bureau of Workers' Compensation	You must post this language with the certificate of premium to employer.
DE 28 BWC-1829 7/7/08	



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Daniel S. Viancourt
(Employee Name)

Date: September 28, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

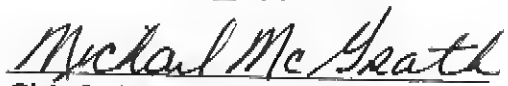


Chief, Division of Fire

9/28/11
Date

☒ Approved

☐ Disapproved



Chief, Division of Police

9-30-11
Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

10/3/2011
Date

cc: Chief Stubbs: After Decision

DIVISION OF FIRE

FORM AA

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☒ NEW REQUEST ☐ RENEWAL) to engage in secondary employment.

Name: Daniel S. Viancourt Rank: Lt. Badge: FF32 Date of Appointment: 05/08/1989

Present assignment: Office ☐ Car 713 ☒

Employer: Willo Security Address: 38230 Glenn Ave City: Willoughby Type of Business: Security

Address of Secondary Employment: Within the City of Cleve. Nature of Duties: Police Officer

Cleveland Arson Unit Uniform Worn: ☒ Departmental Issue ☐ Other Authorized ☐ Civilian Dress

Description of Firearm: Glock 19 Serial #: KKR147 Requalification Date: 03/10/11

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

- ☒ Worker's compensation coverage letter attached.
☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 1 Year Maximum number of hours per week: 10 hours

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: Tenable Security Address: 2423 Payne Avenue, Cleveland Weekly Hours: 5 hours

Employer: Crough Security Address: 3511 Granton Avenue, Cleveland Weekly Hours: 5 hours

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and ~~Pepper~~ on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: Daniel S. Viancourt Signature: [Signature] Date: 09/27/11

Arson Unit Chief: Emi Benham Act. B.C. Date: 9-27-11 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 9/28/11 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McGeath Date: 9-30-11 Approved: ☒ Denied: ☐

Comments: _____


Approval: _____ Date: _____

SAFETY DIRECTOR

09/16/11 FRI 07:18 FAX
(Certificate of Coverage)

001/001

Page 1 of 1

Ohio Bureau of Workers' Compensation		30 W. Spring St. Columbus, OH 43216
Certificate of Premium Payment		
This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-GRIOBWC.		
This certificate must be conspicuously posted.		
Policy No. and Employer	Period Specified Below	
1172711	07/01/2011 Thru 02/29/2012	
WILLO SECURITY INC 38230 GLENN AVE WILLOUGHBY, OH 44094-7808		
ohioabc.com	 Adam R. Smith, CEO	
You can reproduce this certificate as needed.		

Ohio Bureau of Workers' Compensation	
Required Posting	
<p>Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.</p> <p>The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.</p>	
Ohio Bureau of Workers' Compensation	You must post this language with the certificate of premium payment.
OP-28 BWC-1819 7/7/08	



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Joan M. Weir
(Employee Name)

Date: September 28, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

9/28/11
Date

☒ Approved

☐ Disapproved


Chief, Division of Police

9-30-11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

10/3/2011
Date

cc: Chief Stubbs: After Decision

FORM AA

I respectfully request permission (☒ NEW REQUEST ☐ RENEWAL) to engage in secondary employment.

Present assignment: Office ☐ Car 713 ☒

Address of Secondary Employment: Within The City Of Cleve-Nature of Duties: Police/Traffic

Cleveland Arson Unit Uniform Worn: ☒ Departmental Issue ☐ Other Authorized ☐ Civilian Dress

Description of Firearm: Glock 19 Serial #: GAG 945 Requalification Date: June 3, 1

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 1 Year Maximum number of hours per week: 10 Hours

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: Tenable Security Address: 2423 Payne Ave., Cleve. Weekly Hours: 5 hrs

Employer: Croagh Security Address: 3511 Granton Ave., Cleve. Weekly Hours: 5 hrs

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: Joan M. Weir Signature: Joan M. Weir Date: 9/27/11

Arson Unit Chief: Eric B. [Signature] A.C.T. B.C. () Date: 9-27-11 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 9/28/11 Approved: ☒ Denied: ☐

Chief, Division of Police: _____ Date: _____ Approved: ☐ Denied: ☐


Comments: _____

Approval: _____ Date: _____
SAFETY DIRECTOR

09/16/11 FRI 07:18 FAX
(Certificate of Coverage)

001/001

Page 1 of 1

Ohio Bureau of Workers' Compensation		50 W. Spring St. Columbus, OH 43216
Certificate of Premium Payment		
This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-0711OBWC.		
This certificate must be conspicuously posted.		
Policy No. and Employer	Period Specified Below	
1172711	07/01/2011 Thru 02/29/2012	
WILLO SECURITY INC 38230 GLENN AVE WILLOUGHBY, OH 44094-7808		 Stephen B. Baker Director of Insurance
ohioabc.com You can reproduce this certificate as needed.		

Ohio Bureau of Workers' Compensation	
Required Posting	
<p>Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.</p> <p>The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.</p>	
Ohio Bureau of Workers' Compensation	You must post this language with the certificate of premium payment.
DP-38 BWC-1629 7/7/08	



I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

☐ Disapproved

Date _____

☐ Disapproved

Date _____

☐ Disapproved

Date _____

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☐ NEW REQUEST ☒ RENEWAL) to engage in secondary employment.

Name: RICHARD R. MIZIKAR JR. Rank: FGF Badge: FF34 Date of Appointment: 10-9-2000

Present assignment: Office ☐ Car 713 ☒

Employer: VILLAGE OF NEWBURGH HEIGHTS Address: 4000 WASHINGTON PK. E. City: NEWBURGH HTS. Type of Business: MUNICIPALITY

Address of Secondary Employment: 4071 E. 49, N.H. OH 44105 Nature of Duties: POLICE, BASIC PATROL

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: GLOCK 21 Serial #: G6X 634 Requalification Date: 5-22-10
NEWBURGH HTS. POLICE ISSUE.

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 1 YEAR Maximum number of hours per week: 20

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: RICHARD R. MIZIKAR JR. Signature: [Signature] Date: 1/3/11

Arson Unit Chief: [Signature] Date: 1/11/2011 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 1/19/11 Approved: ☒ Denied: ☐

Chief, Division of Police: [Signature] Date: 2-1-11 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

Date: _____

SAFETY DIRECTOR

STATE OF OHIO	
BUREAU OF WORKERS' COMPENSATION	
20010003 OHIO 40215-2256	
CERTIFICATE OF PREMIUM PAYMENT	
This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.	
THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.	
POLICY NO. AND EMPLOYER	PERIOD OF EFFECT BELOW
31815103	NO TERM EXPIRATION
NEWBURGH HEIGHTS VILLAGE	
4000 WASHINGTON PARK BLVD	
NEWBURGH HTS OH 44105	
www.ohiobwc.com	ADMINISTRATOR
CMA 8/21/07	
THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED.	

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael A. Darnell
(Employee Name)

Date: December 8, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: MICHAEL A. DARVELL CLASSIFICATION: ASSIST CHIEF

DEPARTMENT: SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

NVR INC. (RYAN HOMES)
6770 W SADDLE CREEK RD PARAKEEVILLE OHIO 44141
440-343-4896

JOB TITLE: POINTE OUT REPAIRMAN

TYPES OF DUTIES PERFORMED: COSMETIC REPAIRS ON
NEW HOMES

HOURS TO BE WORKED: 08:00 - 16:00 1 or 2 day per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Michael A. Darvell
Employee Signature

12-7-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

12/8/11
DATE

Michael A. Darvell 12/8/2011
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1388711

07/01/2011 THRU 02/29/2012

MICHAEL A. DARNELL

CLEVELAND OH

ohiobwc.com

Stephen Buchner
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Brent Collins
(Employee Name)

Date: August 15, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

8/15/11
Date

☒ Approved

☐ Disapproved

 8/16/2011
Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: BRENT COLLINS CLASSIFICATION: ASSIT. CHIEF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CITY OF PARMA HTS
6281 PEARL RD. PARMA HTS., OHIO 44130
440-884-9600

JOB TITLE: SAFETY DIRECTOR

TYPES OF DUTIES PERFORMED:

POLICE/FIRE ADMINISTRATOR

HOURS TO BE WORKED: 6-10 PER WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

8-8-11
Date

AUTHORIZED BY:

[Signature]
APPOINTING AUTHORITY

8/15/11
DATE

[Signature]
DEPARTMENT DIRECTOR

8/16/2011
DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

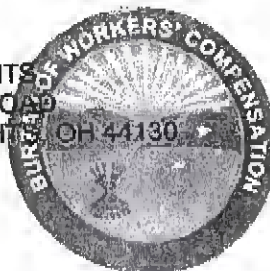
Policy No. and Employer

Period Specified Below

31807002

01/01/2011 Thru 05/15/2012

PARMA HEIGHTS
6281 PEARL ROAD
PARMA HEIGHTS, OH 44130



ohiobwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (☒ NEW REQUEST ☐ RENEWAL) to engage in secondary employment.

Name: ERIC G. BURCHAK Rank: CAPT. Badge: FF35 Date of Appointment: 6-1-1993

Present assignment: Office ☐ Car 713 ☒

Employer: Aetna Metal Address: 8300 Aetna Rd. City: Clev Type of Business: SCRAP YARD

Address of Secondary Employment: 8300 Aetna Rd. Nature of Duties: SECURITY

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☐ Other Authorized ☒ Civilian Dress

Description of Firearm: GLOCK 17 Serial #: FTX 193 Qualification Date: Apr 2010

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

☒ Worker's compensation coverage letter attached.

☐ I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: 1 year Maximum number of hours per week: 5 To 10 HOURS

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.

Print Members Name: ERIC G. BURCHAK Signature: Eric Burchak Date: 9-9-10

Arson Unit Chief: Ed [Signature] Date: 9-10-10 Approved: ☒ Denied: ☐

Chief, Division of Fire: [Signature] Date: 9/10/10 Approved: ☒ Denied: ☐

Chief, Division of Police: Michael McGeath Date: 9-14-10 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____

SAFETY DIRECTOR

Date: _____



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted

Policy No. and Employer

Period Specified Below

1253212

07/01/2010 Thru 02/28/2011

AETNA METAL RECYCLING INC
3296 COLUMBIA RD STE 101
RICHFIELD, OH 44286-9622

ohiobwc.com

Maisha P. Ryan
Administrator

You can reproduce this certificate as needed

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.

**Public Safety – Division of Fire
2012 Secondary Employment Requests**



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Patrick Moner
(Employee Name)

Date: January 5, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

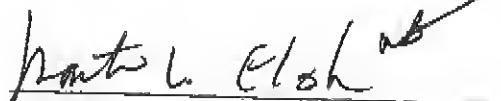
☐ Disapproved


Chief, Division of Fire

1/12/11
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

7 JAN 2011
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Patrick J. Moner

CLASSIFICATION: FGF

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

<u>Continental Airlines aka. United</u>	Local Address:
<u>Corporate Address 1600 Smith Street HQSRK</u>	<u>5300 Riverside Drive</u>
<u>Houston, TX 77002</u>	<u>Cleveland, OH 44135</u>
	<u>216-541-5706</u>

JOB TITLE: Ramp CSA

TYPES OF DUTIES PERFORMED: Customer Service Agent

HOURS TO BE WORKED: PART-TIME

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

1/5/12
Date

[Signature]
AUTHORIZED BY:
APPOINTING AUTHORITY

1/12/12
DATE

DEPARTMENT DIRECTOR

DATE

(NOTE: Approval must be renewed annually)

**CERTIFICATE OF EMPLOYER'S
RIGHT TO PAY COMPENSATION DIRECTLY**

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005372

CONTINENTAL AIRLINES, INC.
1600 SMITH ST HQSRK
HOUSTON, TX 77002

Period Specified Below

1st DAY OF February 2011

1st DAY OF February 2012

Subs

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

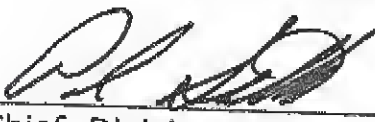
Donald Muetzel
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Donald Muetzel CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Greller & Company 6668 Engle road Middleburg Hts. Ohio
1-216-433-0200

JOB TITLE: Driver, Mechanic

TYPES OF DUTIES PERFORMED:

Shipping, Machine mechanic, driver.

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Donald F. Muetzel Jr.
Employee Signature

01-20-2012
Date

AUTHORIZED BY
[Signature]
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1198152

09/15/2011 THRU 02/29/2012

GRELLER & COMPANY INC
6668 ENGLE RD
CLEVELAND OH 44130-7906

ohiobwc.com


Administrator/CEO

You can reproduce this certificate as needed.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Rafael Muniz
(Employee Name)

Date: January 6, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/12/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

17 JAN 2011

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: RAFAEL MUNIZ JR CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

COPLEY TOWNSHIP
1545 CLEVELAND MASSILLION RD.
COPLEY, OHIO 44321-1908
(330) 666-6464

JOB TITLE: PARAMEDIC / FIREFIGHTER

TYPES OF DUTIES PERFORMED:

PROVIDE ALS CARE AND FIRE SUPPRESSION TO CITIZENS OF COPLEY
TOWNSHIP ...

HOURS TO BE WORKED: APPROXIMATELY 12-24 HOURS PER MONTH

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/6/12
Date

[Signature]
AUTHORIZED BY:
APPOINTING AUTHORITY

1/12/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

37720304

01/01/2011 Thru 05/15/2012

COPLEY TOWNSHIP
1540 S CLEVELAND MASSILLON RD
COPLEY, OH 44321-1908



ohiobwc.com

Stephen Brubaker
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 RWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John O'Flaherty
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved

 1/31/2012
Martin L. Flask, Director

3.1 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John O'Flaherty CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

ProEd Communications, Inc.
25101 Chagrin Blvd. Suite 230
Beachwood, OH 44122
216-595-0757

JOB TITLE: Associate Scientific Director

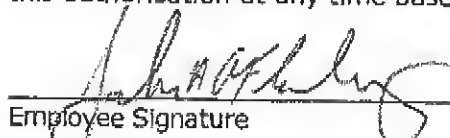
TYPES OF DUTIES PERFORMED:

Medical/scientific communications and scientific consulting. Preparation of medical manuscripts, presentations, scientific tactics and strategies.

HOURS TO BE WORKED: 9am to 5pm on days off from station; ~20-24 hours per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.


Employee Signature

1-24-12
Date

AUTHORIZED BY:

APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1072386

07/01/2011 THRU 02/29/2012

PRO ED COMMUNICATIONS, INC.
25101 CHAGRIN BLVD SUITE 230
BEACHWOOD OH 44122

of:ibbwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of


Michael P. O'Malley
(Employee Name)

Date: January 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/6/12
Date

☒ Approved

☐ Disapproved

 ^{MB}
Martin L. Flask, Director

JAN 7 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: MICHAEL P. O'MALLEY CLASSIFICATION: FIREFIGHTER/EMT

DEPARTMENT: PUBLIC SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

GRANT & O'MALLEY Co. LPA

1370 ENTARIO STREET, #1350

CLEVELAND, OHIO 44113 (216) 241-6868

JOB TITLE: ATTORNEY

TYPES OF DUTIES PERFORMED: LEGAL SERVICES

HOURS TO BE WORKED: TWENTY (20) per WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Michael P. O'Malley
Employee Signature

12-30-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/6/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

739837

07/01/2011 THRU 02/29/2012

GRANT & GALLERY CO. INC.
1370 ONTARIO ST. SUITE 100
CLEVELAND, OH 44113-7400



ohiobwc.com

Stephen Beeher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

**SUBJECT: Secondary Employment Request
Fire Investigation Unit**

Patrick O'Malley

(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved


Chief, Division of Police *Chief*

2-17-12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

19 6 APR 2012
Date

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission ☒ NEW REQUEST ☐ RENEWAL to engage in secondary employment.

Name: Patrick D. O'Malley Rank: Egt. Badge: FF#15 Date of Appointment: May 1994

Present assignment: ☒ Office ☐ Car 713

Employer: Cleveland State Address: 2121 Euclid Ave. City: Cleveland Type of Business: College

Address of Employment: 1840 Chester Ave. Nature of Duties: P/T Police Officer

Cleveland Arson Unit Uniform Worn: ☐ Departmental Issue ☒ Other Authorized ☐ Civilian Dress

Description of Firearm: Glock 19 Serial #: GAG 894 Requalification Date: 03/01/12

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

Worker's compensation coverage letter attached.

I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.

Duration of Employment: Jan 1, 2012- Jan 1, 2013 Maximum number of hours per week: 20hrs.

I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.

Other Secondary Employment:

Employer: _____ Address: _____ Weekly Hours: _____

Employer: _____ Address: _____ Weekly Hours: _____

1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☒ Yes ☐ No
2. Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☒ Yes ☐ No

I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.

I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.

I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.

Print Members Name: Patrick D. O'Malley Signature: Patrick D. O'Malley Date: 1-12-12

Arson Unit Chief: _____ Date: _____ Approved: ☐ Denied: ☐

Chief, Division of Fire: _____ Date: _____ Approved: ☐ Denied: ☐

Chief, Division of Police: Michael McHale Date: 2-17-12 Approved: ☒ Denied: ☐

Comments: _____

Approval: _____ Date: _____

SAFETY DIRECTOR



Renewal: Stand 2008

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: PATRICK D. O'MALLEY CLASSIFICATION: FIREFIGHTER / EMT

DEPARTMENT: PUBLIC SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CLEVELAND STATE UNIVERSITY

2121 EUCCLIA AVE PS 210

CLEVELAND, OHIO 44115-2214

JOB TITLE: PART TIME SWEEN POLICE OFFICER, TEST FIRE PUMPS & SPRINKLER

TYPES OF DUTIES PERFORMED: POLICE DUTIES AT SPECIAL EVENTS

FIRE PUMP TESTING

HOURS TO BE WORKED: TWENTY PER WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Patrick D. O'Malley
Employee Signature

1-12-12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

[Signature]
DEPARTMENT DIRECTOR

1/16/2012
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Cleveland State University

Department of Environmental Health and Safety

January 10, 2012

Chief Paul Stubbs
City of Cleveland, Division of Fire
1645 Superior Avenue
Cleveland, OH 44113

Dear Chief Stubbs,

I request that Patrick O'Malley be permitted to work as a member of the Department of Environmental Health & Safety (EHS) at Cleveland State University on a part-time, as needed basis.

The Cleveland State University Department of EHS releases the City of Cleveland and the Cleveland Fire Department from any and all responsibility and/or liability for the actions of Mr. O'Malley while on authorized duty for the Cleveland State University Department of EHS.

All part-time employees of the Department of EHS at Cleveland State University while on duty as authorized by the department, are considered as working in the capacity of an employee of the Cleveland State University Department of EHS, which takes all responsibility and liability for those employee's authorized actions during such duty period(s). Additionally, all such employees are covered under the provisions of Cleveland State University's Workers Compensation policy for work-related injuries or illnesses arising out of employment during authorized duty periods with the University.

Cleveland State University's risk number is: 10003128000.

Please feel free to contact me at r.grindley@csuohio.edu or (216) 687-9338 should you need clarification or additional information.

Cordially,

Robert S. Grindley, BA, CHCM, CHS, CHSP
Director of Environmental Health & Safety

RSG/sl



Cleveland State University

engaged learning

January 10, 2012

Police Department

Chief Paul Stubbs
City of Cleveland
Division of Fire
1645 Superior Ave.
Cleveland, Ohio 44113

Dear Chief Stubbs,

I request that Patrick O'Malley be permitted to work as a sworn employee of the Cleveland State University Police Department on a part-time, as needed basis.

The Cleveland State University Police Department releases the City of Cleveland, and the Cleveland Fire Department, from any and all responsibility and/or liability for the actions of Officer Patrick O'Malley while on authorized duty for the Cleveland State University Police Department.

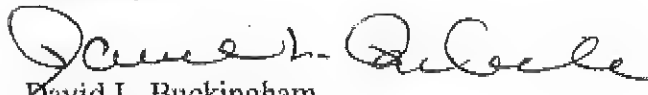
The Cleveland State University Police Department employs certain qualified persons in the position of Part Time Sworn Police Officer. All such employees, while on duty as authorized by this Department, are considered as working in the capacity of an employee of the Cleveland State University Police Department, which takes all responsibility and liability for those Officers' authorized actions during such duty period(s).

Additionally, all such employees are covered under the provisions of Cleveland State University's Workers Compensation policy for work related injuries or illnesses arising out of employment during authorized duty periods with the University.

The Cleveland State University's Risk number is 10003128000.

Please feel free to contact either Lieutenant Joseph King of the Special Events Unit or myself if you need further information.

Sincerely,


David L. Buckingham
Assistant Director of
Campus Safety / Police
Commander

DLB / ke



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Kirk Pitts
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved

 1/31/2012
Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Kirk Pitts CLASSIFICATION: Fire Fighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Clinic
9500 Euclid Ave 44195

Workers Comp. Info Michelle Cepik (216) 445-5063

JOB TITLE: Paramedic

TYPES OF DUTIES PERFORMED: First Aide

HOURS TO BE WORKED: Less than 20 hours per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Kirk Pitts
Employee Signature

1-21-12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buehrer

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
---	--

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Rabkewych
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Michael Rabkewych CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aeromag 2000
6030 Cargo Rd.
Cleveland, OH 44135 (216) 267-7172

JOB TITLE: Aircraft De-icing technician

TYPES OF DUTIES PERFORMED: de-ice aircraft @ Hopkins airport.

HOURS TO BE WORKED: approx. 10 hrs. / week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Michael Rabkewych, LT.
Employee Signature

1-24-12
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY
Robert V. Flaherty
DEPARTMENT DIRECTOR

1/30/12
DATE
2-7-12
DATE

Expires Jan. 31, 2013




Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Daniel Rocco
(Employee Name)

Date: March 15, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

3/15/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

18 APR 2012
Date

cc: Chief Stubbs: After Decision

Renewal : Start 2011



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Daniel Rocco CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Daniel Rocco

Westlake, Ohio

JOB TITLE: Residential Appraiser

TYPES OF DUTIES PERFORMED:

Provide market valuation for residential and multi-family dwellings.

HOURS TO BE WORKED: 10-20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

3/2/2012
Date

[Signature]
AUTHORIZED BY
APPOINTING AUTHORITY

3/15/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

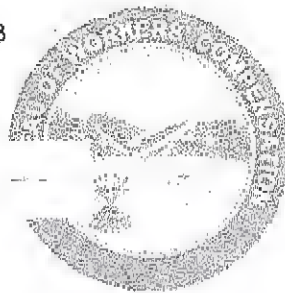
Period Specified Below

CONFIRMATION NUMBER:
APPLICATION NUMBER: 75510313

2/23/2012 Thru 8/31/2012

Daniel Rocco

Westlake, OH



ohiobwc.com

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Raymond Ruffin
(Employee Name)

Date: February 21, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

A handwritten signature in black ink, appearing to be "P. Stubbs", is written over a horizontal line.

Chief, Division of Fire

A handwritten date "2/21/12" in black ink is written over a horizontal line.

Date

☒ Approved

☐ Disapproved

A handwritten signature in black ink, appearing to be "M. Flask", is written over a horizontal line.

Martin L. Flask, Director

10 APR 2012

Date

cc: Chief Stubbs: After Decision



Renewal: Start 2010

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: RAYMOND RUFFIN CLASSIFICATION: FIRE FIGHTER

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

HIGHLAND HILLS VILLAGE F.D. 4019 NORTHFIELD RD. HIGHLAND HILLS, OH.
44122/ 216-591-2312

JOB TITLE: CAPTAIN HHFD

TYPES OF DUTIES PERFORMED:

MEDICAL AND SUPPRESSION DUTIES

HOURS TO BE WORKED: 20HRS/WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Employee Signature

Date

AUTHORIZED BY:

1/20/2012

Date

APPOINTING AUTHORITY

2/21/12

DATE

DEPARTMENT DIRECTOR

4/16/2012

DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



Village of Highland Hills

Robert L. Nash, Mayor
Fire Department

January 31, 2012

To Whom It May Concern:

The Highland Hills Fire Department provides Ohio Worker's Compensation coverage and in addition, we are also members of the Volunteer Firefighters' Dependents Fund.

If you need further information, please feel free to contact me at (216) 591-1021.

Sincerely,

A handwritten signature in cursive script, reading "Arthur Timmons".

Arthur Timmons, Chief
Highland Hills Fire Department

AT:ll



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Bruce Ryan
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



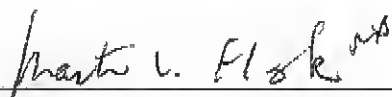
Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: BRUCE RYAN CLASSIFICATION: LT.

DEPARTMENT: SAFETY DIVISION: FIRE

7. RENNILL WILL FAX WORKERS COMP. CERTIFICATE TO HEADQUARTERS ATTN: CHIEF O'TOOLE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

① PARMA CITY SCHOOLS 5311 LONGWOOD AVE. PARMA, OHIO 44134 440-842-5300

② BRECKSVILLE CITY SCHOOLS 6638 MILL ROAD BRECKSVILLE, OHIO 44141

* I AM EMPLOYED BY RENNILL GROUP BUT SUB AT BOTH SCHOOLS 28315 KENSINGTON LANE
440-740-4000
SUITE B PERDUEBURG, OHIO 43551
1-800-776-8722

JOB TITLE: SUBSTITUTE TEACHER

TYPES OF DUTIES PERFORMED: SUBSTITUTE TEACH AS NEEDED

GRADES 7-12

HOURS TO BE WORKED: 8 TO 16 PER WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Bruce Ryan
Employee Signature

1-11-2012
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY

Mark L. Fisk
DEPARTMENT DIRECTOR

2/6/12
DATE
2-7-12
DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



February 2, 2012


Chief Timothy O'Toole
Executive Office of the Cleveland Fire Department

Dear Chief O'Toole,

This email confirms that Lieutenant Bruce Ryan is a current substitute with The Renhill Group. He is covered under the Ohio's Bureau of Workers Compensation per state regulations.

If you have any questions, I can be reached at 1.800.776.8722 ext. 2830.

Thank you,


Jamila Hatcher
Operations Manager
The Renhill Group

28315 Kensington Lane, Suite B, Perrysburg, OH 43551 – 1.800.776.8722



City of Cleveland Memorandum
Frank C. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Andre Sawyer
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/24/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Andre Sawyer, Sr. CLASSIFICATION: EGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Donald Martens & Sons Ambulance Service
6900 Lake Abram
Middleburg Hts. OH.

JOB TITLE: Squad driver

TYPES OF DUTIES PERFORMED:

Patient transport.

HOURS TO BE WORKED: Various not to exceed 20 hours a week.

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Employee Signature [Signature]

1-21-12
Date

AUTHORIZED BY: [Signature]

1/24/12
DATE

APPOINTING AUTHORITY

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012/3 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

881987

07/01/2011 THRU 02/29/2012

DONALD MARTENS & SONS AMBULANCE SERV INC
6900 LAKE ABRAMS DR
CLEVELAND OH 44130-3457

ohiobwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John Schuler
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

2/6/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

07 FEB 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John Schuler CLASSIFICATION: F6F

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

MARTENS 6900 Lake Abramams
Middleburgh HTS

JOB TITLE: Ambulance driver

TYPES OF DUTIES PERFORMED: Transporting PATIENTS

HOURS TO BE WORKED: 20hrs/week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

1-31-12
Date

[Signature]
AUTHORIZED BY

2/6/12
DATE

APPOINTING AUTHORITY
Martha L. Flak ^{nb}
DEPARTMENT DIRECTOR

DATE
2-8-12
DATE

EXPIRES JANUARY 31, 2009 ¹³ (NOTE: Approval must be renewed annually)



DONALD MARTENS & SONS
AMBULANCE SERVICE

Date:

12,15,11

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

A handwritten signature in cursive script, appearing to read "Robert Ryan", followed by a horizontal line.

Robert Ryan, RN

EMS Director

440-234-6000

bryan@martensambulance.com



DONALD MARTENS & SONS
AMBULANCE SERVICE



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Terry Scott
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/30/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

3.1 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Terry Scott CLASSIFICATION: Lt.

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Mentor Fire Department
8467 Civic Center Blvd.
Mentor Ohio, 44060
440-974-5768

JOB TITLE: Fire Inspector

TYPES OF DUTIES PERFORMED:

Fire inspections of businesses in the city
Plan reviews of construction projects, new and remodels
witnessing fire alarm, sprinkler, fire pump tests

HOURS TO BE WORKED: 0730-1600 @ 20 hours wk

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Terry Scott
Employee Signature

1/15/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

13



MENTOR FIRE DEPARTMENT

8467 CIVIC CENTER BLVD.
MENTOR, OHIO 44060

ADMINISTRATION
440/974-5765

FIRE PREVENTION
440/974-5768

PUBLIC EDUCATION
440/974-5769

CLEVELAND LINE
440/942-8796

FAX
440/974-5706

January 19, 2012

To Whom It May Concern;

Please be advised, Terry Scott is a part time employee with the City of Mentor, Mentor Fire Department. The City provides Workers Compensation coverage to their employees.

If you have any questions, please contact me.

Yours in safety,

Robert M. Searles
Deputy Chief

RS:san



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Richard Serrano
(Employee Name)

Date: January 30, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/31/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: RICHARD SERRANO

CLASSIFICATION: EGF

DEPARTMENT: Dept. of Safety

DIVISION: Div. of FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aeromag2000-CLE

P.O. Box 81256

Cleveland, OH 44181-0256

JOB TITLE: Operations Lead

TYPES OF DUTIES PERFORMED: Deice Aircrafts

HOURS TO BE WORKED: Part-time

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Richard Serrano
Employee Signature

01/29/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/31/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009
2013

(NOTE: Approval must be renewed annually)

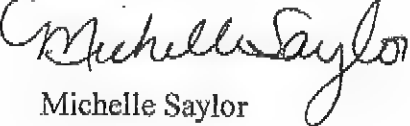


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

David Shea
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☐ Approved

☐ Disapproved



Chief, Division of Fire

1/24/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

10 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: DAVID P. SHEA

CLASSIFICATION: FLFF

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

DONALD MARTENS & SON AMBULANCE
6800 LAKE ABRAMS
216-234-6000

JOB TITLE: SQUAD EMT

TYPES OF DUTIES PERFORMED:

TRANSPORTING OF PATIENTS IN COMPANY
SQUAD.

HOURS TO BE WORKED: 9AM - 5PM, 1-2 TIMES WEEKLY

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/18/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 20¹³~~12~~ (NOTE: Approval must be renewed annually)



DONALD MARTENS & SONS
AMBULANCE SERVICE

Date:

12/15/11

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director

440-234-6000

bryan@martensambulance.com



DONALD MARTENS & SONS
AMBULANCE SERVICE



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

William Sibert
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/30/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Sibert, Wm. J. CLASSIFICATION: FGF
DEPARTMENT: Public Safety DIVISION: Fire (H&L 39)
Payroll # 82480

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

St. Joseph Academy
3430 Rocky River Drive
Cleveland, OH. 44110

JOB TITLE: Bus Driver, Custodian

TYPES OF DUTIES PERFORMED:

Drive School Bus, Custodial work

HOURS TO BE WORKED: 20 hrs. per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Wm. J. Sibert
Employee Signature

1-18-12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)
2013



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991797

01/01/2011 Thru 08/31/2011

SAINT JOSEPH ACADEMY
3430 ROCKY RIVER DR
CLEVELAND, OH 44111-2937

ohiobwc.com


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John Simmerly
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

2/6/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

2/7/12
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John Simmerly CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

AeroMag 2000
6030 Cargo Rd
Cleveland, OH 44135

JOB TITLE: Aircraft Deicer

TYPES OF DUTIES PERFORMED:

Deice Airplanes

HOURS TO BE WORKED: 12-16 per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-30-12
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY
Master L. Flish
DEPARTMENT DIRECTOR

2/6/12
DATE
2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

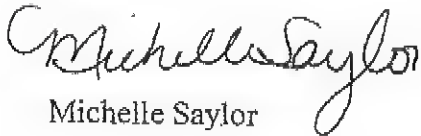


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Jim Sliter
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

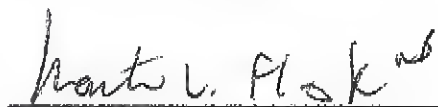
☐ Disapproved


Chief, Division of Fire

2/6/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

07 FEB 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Jim Sliter CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

AEROMAG 2000
6030 CARGO RD
CLEVELAND OHIO 44111
952-4472

JOB TITLE: AIRCRAFT DE-ICER

TYPES OF DUTIES PERFORMED:

DE-ICE AIRCRAFT

HOURS TO BE WORKED: 16 WEEK SEASONAL

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Jim Sliter
Employee Signature

1-31-12
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY
Monte L. Black
DEPARTMENT DIRECTOR

2/6/12
DATE
2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael W. Smith
(Employee Name)

Date: December 16, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



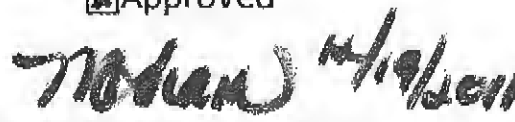
Chief, Division of Fire

12/16/11

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Michael W. Smith

CLASSIFICATION: Fire Fighter / EMT

DEPARTMENT: SAFETY

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Donald Martens & Sons Ambulance
6900 Lake Abrams Drive
Middleburg Hts.

JOB TITLE: Ambulance Driver / EMT

TYPES OF DUTIES PERFORMED: Transport patients

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Michael W. Smith
Employee Signature

12/01/11
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY: [Signature]

12/16/11
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

881987

07/01/2011 THRU 02/29/2012

DONALD MARTENS & SONS AMBULANCE SERV INC
6900 LAKE ABRAMS DR
CLEVELAND OH 44130-3457

ohiohwc.com

Stephen Buchner
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Donald Taylor
(Employee Name)

Date: February 21, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

2/21/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

10 APR 2012

Date

cc: Chief Stubbs: After Decision



Renewal : Start 2010

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

SECOND
COPY

NAME: DONALD Taylor

CLASSIFICATION: FIRE E6FF

DEPARTMENT: DT
FIRE Public Safety

DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

MOBILE MARTIN EMS

216-281-9300

JOB TITLE: Paramedic BLS / ALS

TYPES OF DUTIES PERFORMED: BLS / ALS

HOURS TO BE WORKED: Part time

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Employee Signature

2-16-12
Date

AUTHORIZED BY:

APPOINTING AUTHORITY

2/21/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

2013

MMEMS

Mobil Martin, Inc.
Emergency Medical Service


1279 West 73rd Street
Cleveland, Ohio 44102
216-221-6000
216-281-8500 (FAX)
www.MobilMartin.com

January 1, 2012

To Whom It May Concern:

Enclosed is our proof of Worker's Compensation Liability through Ohio BWC. Please let me know if you need anything else. You may reach me at scrowe@mobilmartin.com or call me at (216) 281-7777.

Sincerely,



Scott J. Crowe
HR/Payroll Administrator

Ohio

**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1263014

07/01/2011 Thru 02/29/2012

MOBIL MARTIN
1279 W 73RD ST
CLEVELAND, OH



ohioabc.com

Stephen Bickman
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

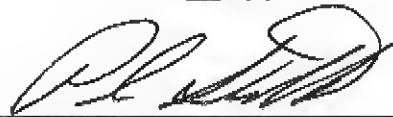
David Telban
(Employee Name)

Date: January 30, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/31/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: David J. Tolban CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Clinic / 9300 Euclid Avenue / 1-440-824-6116

JOB TITLE: Paramedic

TYPES OF DUTIES PERFORMED:

Patient care, Documentation

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

01.29.12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/31/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buehrer

ohiobwcc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
---	--

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buehrer

ohiobwcc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below <u>1st</u> DAY OF <u>January 2012</u> <u>1st</u> DAY OF <u>January 2013</u>
---	--

20002978-20 CLEVELAND CLINIC HOME CARE
20002978-21 CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogene Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Robert Wilhelm
(Employee Name)

Date: February 28, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

2/28/12
Date

☒ Approved

☐ Disapproved

 4/16/2012
Martin L. Flask, Director

16 APR 2012
Date

cc: Chief Stubbs: After Decision

Renewal: 2010



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: ROBERT E. WILHELM CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

JADAM LLC DBA PURITAS HARDWARE
14307 PURITAS AV
CLEVELAND, OHIO 44135

JOB TITLE: PRESIDENT/OWNER

TYPES OF DUTIES PERFORMED:

OVERSEE BUSINESS OPERATIONS,
SALES, SERVICE, BOOK KEEPING

HOURS TO BE WORKED: 20 HRS WK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Robert E. Wilhelm
Employee Signature

1-29-2012
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

2/28/12
DATE

[Signature]
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

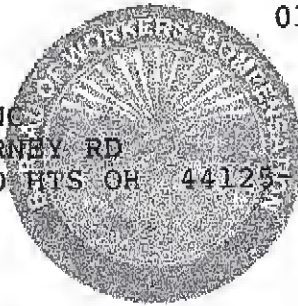
Policy No. and Employer

Period Specified Below

1267292

01/01/2012 THRU 08/31/2012

JADAM INC
4795 TURNEY RD
GARFIELD HTS OH 44125-2163



Stephen Buchner
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

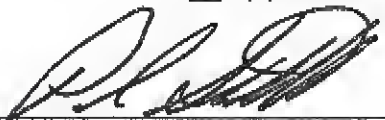
Michael Vazquez
(Employee Name)

Date: January 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

1/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

17 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Michael Vazquez

CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

City of Medina
300 W Reagan Parkway
Medina OH 44256
330-725-1772

JOB TITLE: Firefighter

TYPES OF DUTIES PERFORMED:

Firefighting and EMS

HOURS TO BE WORKED: Various, on call department

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-5-12
Date

AUTHORIZED BY:


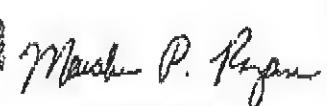
[Signature]
APPOINTING AUTHORITY

1/6/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, ~~2011~~ (NOTE: Approval must be renewed annually)

STATE OF OHIO	
BUREAU OF WORKERS' COMPENSATION	
COLUMBIUS, OHIO 43215-2255	
CERTIFICATE OF PREMIUM PAYMENT	
This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.	
THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.	
POLICY NO. AND EMPLOYER	PERIOD SPECIFIED BELOW
35205302	01/01/2000 THRU 05/15/2010
MEDINA PO BOX 703 MEDINA OH 44041	
www.ohioBWC.com CANTON	 ADMINISTRATOR
THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED	

OHIO BUREAU OF WORKERS' COMPENSATION.

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Joseph Vidlicka
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

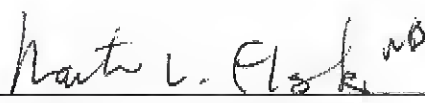
☐ Disapproved


Chief, Division of Fire

2/6/12
Date

☒ Approved

☐ Disapproved

 ^{MD}
Martin L. Flask, Director

7 FEB 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Joseph Vidlicka CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Southwest General Health Center
18697 Bagley Rd.
Middleburg Hts. Oh. 44130
440-816-8889

JOB TITLE: Registered Nurse

TYPES OF DUTIES PERFORMED:

Patient Care

HOURS TO BE WORKED: 20 Hours per week

I am aware that In my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Joseph Vidlicka
Employee Signature

2-1-12
Date

AUTHORIZED BY:

[Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Martha V. Flisken
DEPARTMENT DIRECTOR

2-8-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Southwest General

Partnering with



University Hospitals

December 19, 2011

To Whom It May Concern:

RE: Workers' Compensation

As required by law, Southwest General Health Center maintains workers' compensation coverage (policy #20003643) in the State of Ohio.

Joanne Vargo, CWCP
Workers' Compensation Specialist
Southwest General Health Center
18697 Bagley Road
Middleburg Hts., OH 44130

18697 Bagley Road
Middleburg Heights, OH 44130

Phone: 440.816.8000

swgeneral.com



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John Andrews
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 Feb. 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John Andrews CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Self Employed
John Andrews

Bay Village, Ohio,

JOB TITLE: Real Estate Sales and Appraisal

TYPES OF DUTIES PERFORMED:

Analyze real estate markets, view properties, perform appraisals and some sales consulting.
Work as a sole proprietor in this capacity

HOURS TO BE WORKED: 10-20 per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

John Andrews
Employee Signature

1-27-12
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Mark L. Flork
DEPARTMENT DIRECTOR

2-8-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

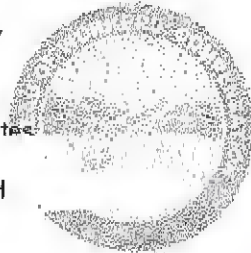
Period Specified Below

CONFIRMATION NUMBER:
APPLICATION NUMBER: 75508757

2/3/2012 Thru 8/31/2012

John Andrews
Appraisal Affiliates

Bay Village, OH



ohiobw.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Sean Andrews
(Employee Name)

Date: February 28, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/28/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

3 8 Mar 2012

Date

cc: Chief Stubbs: After Decision



Renewal: Start 2010

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: SEAN Andrews CLASSIFICATION: _____

DEPARTMENT: Safety DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Plus Value Corp
30250 Carter Dr Solon Oh
440-349-2750

JOB TITLE: Driver

TYPES OF DUTIES PERFORMED: Delivery

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Sean P. Andrews
Employee Signature

1-15-12
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

2/28/12
DATE

Median 4/6/2012
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



THE PLAS-MAC CORPORATION

30250 CARTER STREET

OLON, OHIO 44139

440-349-2750

FAX 440-349-3023

January 18, 2012

Subject: Sean Andrews

To Whom It May Concern:

Mr. Sean Andrews has been employed at The Plas-Mac Corporation as a truck driver Part-Time since June 28, 1999.

He is covered by our Workers' Compensation Plan through The Ohio Manufacturers' Association, Risk Number 762721.

If there is any other information I can relay to you or questions I can answer, please don't hesitate to contact me.

Sincerely,

Sherrie Sweet
Office Manager
Plas-Mac Corporation



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of


John Bellflower
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John I. Bellfower CLASSIFICATION: Lieutenant

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

St. John Medical Center
29000 Center Ridge Road.
Westlake, Ohio 44145
Ph: (440) 827-5000 Fax: (440) 827-5015

JOB TITLE: Registered Nurse

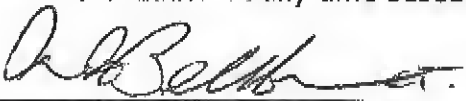
TYPES OF DUTIES PERFORMED:

Nursing-Pain Management Center

HOURS TO BE WORKED: 8 - 16 hrs per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.


Employee Signature

1-25-12
Date

AUTHORIZED BY: 
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buchrer

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005290	Period Specified Below
UHHS/CSAHS-Cuyahoga, Inc.	1st DAY OF September 2011
3605 WARRENSVILLE CENTER RD #	1st DAY OF September 2012
LL173/MSC9, 14	
SHAKER HTS, OH 44122	

Subs

20005290-1 WESTSHORE PRIMARY CARE ASSOCIATES INC

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer
Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Bey
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

1/30/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Michael Bey CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Aeromag 2000 CLE, LLC
6030 Cargo Rd
Cleveland, Ohio 44135
1-216-267-3311

JOB TITLE: De-ice of Airplanes

TYPES OF DUTIES PERFORMED:

De- Ice

HOURS TO BE WORKED: 20 hrs

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.


Employee Signature

1/25/12
Date

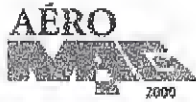

AUTHORIZED BY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)




Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Marcus Black
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

1/30/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

3.1 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: MARCUS BLACK

CLASSIFICATION: FIRST GRADE FIREFIGHTER

DEPARTMENT: SAFETY

DIVISION: OF FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CLEVELAND CLINIC EVENT MEDICINE 9500 EUCLID AVE

CLEVELAND OHIO 44106 216 440-824-6116

WORKER'S COMPENSATION CONTACT MICHELLE CEPK

JOB TITLE: PARAMEDIC

TYPES OF DUTIES PERFORMED: MEDICAL ASSISTANCE, STABILIZATION AND
PATIENT CARE

HOURS TO BE WORKED: 4-16 HOURS PER WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Marcus Black

Employee Signature

Jan 21st 2012

Date

AUTHORIZED BY:

[Signature]

APPOINTING AUTHORITY

1/30/12

DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009

13

(NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buehrer

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below <u>1st</u> DAY OF <u>January 2012</u> <u>1st</u> DAY OF <u>January 2013</u>
---	--

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum

Frank C. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Carmelo Borges
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/24/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Carmelo Borges

CLASSIFICATION: FGF

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER Juvenile Justice Center
9300 Quincy / 44106
(216) 443-3148

JOB TITLE: Detention officer

TYPES OF DUTIES PERFORMED: provide the best possible care, welfare,
and security of Detention Center residents utilizing behavior
management techniques and established policies and procedure

HOURS TO BE WORKED: 20 hrs weekly

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Carmelo Borges
Employee Signature

1/21/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012¹³ (NOTE: Approval must be renewed annually)

➔➔➔ To: Carmelo BORGES

Ohio**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31800001

01/01/2011 Thru 05/15/2012

CUYAHOGA COUNTY
1255 EUCLID AVE. STE 310A
CLEVELAND, OH 44115-4357

ohiobw.com

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Edward Brady
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

8 7 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Edward Brady CLASSIFICATION: Captain

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

AeroMag2000
6030 Cargo Rd
Cleveland, OH 44135

JOB TITLE: Aircraft Deicer

TYPES OF DUTIES PERFORMED:

Deice Airplanes

HOURS TO BE WORKED: seasonal employment, 0 to 16 hours per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Edward Brady
Employee Signature

1/30/12
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY
Mark V. Flaherty
DEPARTMENT DIRECTOR

2/6/12
DATE
2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Johnny Brewington
(Employee Name)

Date: January 23, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/31/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

31 JAN 2012
Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Johnny Brewington CLASSIFICATION: Battalion Chief

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cuyahoga Community College Fire Training Academy

11000 Pleasant Valley Road 44130-5199

(216) 987-5063

JOB TITLE: Adjunct Fire Instructor

TYPES OF DUTIES PERFORMED: State of Ohio 240 Hours Firefighter Course.

HOURS TO BE WORKED: Several classes per semester based on schedule availability

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Johnny Brewington
Employee Signature

January 9, 2012
Date

AUTHORIZED BY [Signature]
APPOINTING AUTHORITY

1/31/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers'
Compensation

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buehrer
ohioBWC.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005579 CUYAHOGA COMMUNITY COLLEGE 700 CARNEGIE AVE CLEVELAND, OH 44115	Period Specified Below 1st DAY OF September 2011 1st DAY OF September 2012
---	--

Subs

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Rudolph Buffington
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

2/6/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

07 FEB 7
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Rudolph Buffington CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

City of Woodmere
27899 Chagrin blvd.
Woodmere, Ohio 44122

JOB TITLE: Firefighter

TYPES OF DUTIES PERFORMED:

Fire prevention and suppression, provide basic medical services.

HOURS TO BE WORKED: 16

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1/27/12
Date

AUTHORIZED BY:

[Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Martin V. Flish
DEPARTMENT DIRECTOR

2-7-12
DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

2013



The Village of Woodmere

"Gateway To The Chagrin Valley"

27899 Chagrin Boulevard • Woodmere Village, Ohio 44122
216/831-9511

THOMAS M. CORNHOFF
TREASURER

January 24, 2012

To Whom It May Concern:

This letter is to inform you that Rudolph Buffington is employed part time by the Village of Woodmere. If Mr. Buffington were to be injured on the job, he would be covered by workers compensation. If you have any questions, you may contact me at 216-831-9511.

Sincerely,

Deborah Gray
Finance Clerk

cc: file



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Rudolph Buffington
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

7 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Rudolph Buffington CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE/NUMBER

Donald Martens & Sons
6000 Lake Abrams Dr
Middleburg Hts OH 44130

JOB TITLE: Firefighter

TYPES OF DUTIES PERFORMED:

HOURS TO BE WORKED: 8

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

2/4/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Martha L. Elsh
DEPARTMENT DIRECTOR

2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



DONALD MARTENS & SONS
AMBULANCE SERVICE

Date: 12, 15, 11

To: Whom it may concern:

Subject: BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN
EMS Director
440-234-6000
bryan@martensambulance.com



DONALD MARTENS & SONS
AMBULANCE SERVICE



City of Cleveland Memorandum
Frank G. Jackson, Mayor

* *Renewal*
Date Started Jan 2011

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

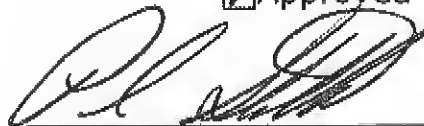
Mark Butler
(Employee Name)

Date: February 21, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

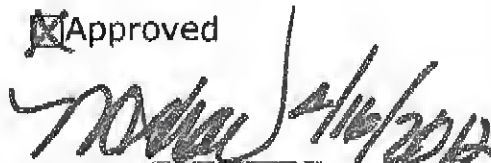


Chief, Division of Fire

2/21/12
Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

18 APR 2012
Date

cc: Chief Stubbs: After Decision

* Renewal
Date Started Jan 2011



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Mark Butler CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Self-Employed
Mark Butler

Cleveland, OH 44144

JOB TITLE: Appraiser

TYPES OF DUTIES PERFORMED:

Residential appraisal services, including viewing properties, and routine office work.

HOURS TO BE WORKED: 15-18

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Mark Butler
Employee Signature

1/22/12
Date

AUTHORIZED BY
[Signature]
APPOINTING AUTHORITY

2/21/12
DATE

[Signature]
DEPARTMENT DIRECTOR

4/16/2012
DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)

**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Premium Payment**

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER:

APPLICATION NUMBER: 75508669

2/3/2012 Thru 8/31/2012

Mark Butler

Cleveland, OH 44

ohioBWC.com


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Angelo Calvillo
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: ANGELO CALVILLO CLASSIFICATION: CAPTAIN

DEPARTMENT: SAFETY DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

BROOKLYN HEIGHTS F.D.
345 TUXEDO AVE.
BROOKLYN HTS. OHIO 44131 216-351-3542

JOB TITLE: CAPTAIN: SUPPRESSION & MEDICAL EMERGENCIES

TYPES OF DUTIES PERFORMED: SUPPRESSION / MEDICAL CALLS
INSPECTIONS

HOURS TO BE WORKED: 20 HRS / WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

[Signature]
Employee Signature

1-11-2012
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/24/12
DATE

[Signature]
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009¹³ (NOTE: Approval must be renewed annually)



*Brooklyn Heights Fire Department
345 Tuxedo Avenue
Brooklyn Heights Ohio 44131*

*Michael Lasky
Fire Chief*

*Office: (216) 351-3542
Fax: (216) 749-0892*

January 4, 2012

City of Cleveland
Division of Fire

To Whom It May Concern:

This letter is to verify that Angelo Calvillo is a Part-time / as needed Fire Fighter for the Village of Brooklyn Heights . Angelo is covered by our Worker's Compensation # 31811703 while on duty for the Village of Brooklyn Heights.

With regards,

Mike Lasky (at)

Michael Lasky,
Fire Chief
Village of Brooklyn Heights

ML/djt



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Ghadi Cole
(Employee Name)

Date: February 21, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

2/21/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

16 APR 2012

Date

cc: Chief Stubbs: After Decision



* Renewal: Start Jan/11

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Zhadi K. Cole

CLASSIFICATION: FGF

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

JOB TITLE: Firefighter / Paramedic

TYPES OF DUTIES PERFORMED: Protect & serve city of Oakwood

HOURS TO BE WORKED: 20 Hours

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

2/16/2012
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

2/2/12
DATE

[Signature]
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

VILLAGE OF OAKWOOD



Fire Chief
James R. Schade

14 February 2012

To whom it may concern;

This letter is to verify that Ghadi Cole is employed by The Oakwood Village Fire Department. Mr. Cole is also covered under Workman's Compensation.

If you require any additional information, please feel free to contact me at 440-232-6695.

Jim Schade
Fire Chief



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Brent Collins
(Employee Name)

Date: January 5, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

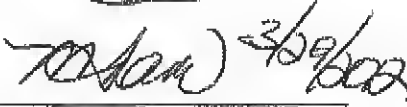
☐ Disapproved


Chief, Division of Fire

1/12/12
Date

☒ Approved

☐ Disapproved

 3/6/12
Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: BRENT COLLINS

CLASSIFICATION: ASST. CHIEF

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

CITY OF PARMA HTS
6281 PEARL RD. PARMA HTS., OHIO 44130
440-884-9600

JOB TITLE: SAFETY DIRECTOR

TYPES OF DUTIES PERFORMED:

POLICE/FIRE ADMINISTRATOR

HOURS TO BE WORKED: 6-10 PER WEEK

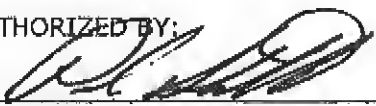
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.


Employee Signature

1-11-12
Date

AUTHORIZED BY:


APPOINTING AUTHORITY

1/12/12
DATE

3/29/2012
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 201~~1~~³ (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31807002

01/01/2011 Thru 05/15/2012

PARMA HEIGHTS
6281 PEARL ROAD
PARMA HEIGHTS, OH 44130



ohiobwc.com

Stephen Bucher
Administrator/CED

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29-BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Kevin Cooney
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



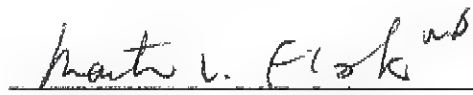
Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Kevin Cooney CLASSIFICATION: Lt.

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Fairview Hospital/CLEVELAND CLINIC
18101 Lorain Ave.
Cleveland, Ohio 44111
216-476-7000

JOB TITLE: Registered Nurse

TYPES OF DUTIES PERFORMED:

Nursing duties and others as required.

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

K. P. Cooney
Employee Signature

1/30/2012
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Mark V. Flood
DEPARTMENT DIRECTOR

2-8-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
---	--

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-18	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below <table><tr><td>1st</td><td>DAY OF</td><td>January 2012</td></tr><tr><td>1st</td><td>DAY OF</td><td>January 2013</td></tr></table>	1st	DAY OF	January 2012	1st	DAY OF	January 2013
1st	DAY OF	January 2012					
1st	DAY OF	January 2013					

20002978-20 CLEVELAND CLINIC HOME CARE

20002978-21 CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hercof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Martin Corrigan
(Employee Name)

Date: March 15, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

3/15/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

3/16/2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

Renewal & Start 2005

NAME: M. CORRIGAN CLASSIFICATION: LT

DEPARTMENT: SAVER DIVISION: FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

M C CUTTY
3278 W 155
CHC DMC

JOB TITLE: GRASS CUTTER

TYPES OF DUTIES PERFORMED: CUT GRASS

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

M
Employee Signature

1-31-12
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY

3/15/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1312292

03/08/2012 THRU 08/31/2012

MARTIN A CORRIGAN
MC CUTTING
3278 W 15TH ST
CLEVELAND OH 44111-2027



ohiobwc.com

Stephen Buchner
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Daniel Cotleur
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: DANIEL COTLEUR CLASSIFICATION: FBF

DEPARTMENT: Public Safety DIVISION: DIVISION OF FIRE

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Village of Cuyahoga Hts
4863 East 71st

Cuyahoga Hts OHIO 44125

JOB TITLE: Firefighter

TYPES OF DUTIES PERFORMED: Firefighter/EMT Duties for
Village of Cuyahoga Hts.

HOURS TO BE WORKED: 20 HRS/week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Daniel J. Cotleur
Employee Signature

01/02/12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



Village of Cuyahoga Heights

4863 East 71st Street ~ Cuyahoga Heights, Ohio 44125

January 13, 2012

To Whom It May Concern:

This letter is to confirm that all employees, full and part time, of the Village of Cuyahoga Heights are covered under our Workers Compensation Policy, while working for the Village.

Should you have further questions please contact me at 216-641-7020 or a.meriwether@cuyahogaheights.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Angel Meriwether".

Angel Meriwether
Payroll



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John Coughlin
(Employee Name)

Date: January 6, 2011

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



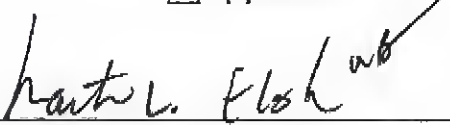
Chief, Division of Fire

1/12/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

17 JAN 2011

Date

cc: Chief Stubbs: After Decision

CLEVELAND FIRE DEPARTMENT

REQUEST TO ENGAGE IN SECONDARY EMPLOYMENT

NAME: JOHN COUGHLIN RANK: LT Co.: E7
SOC SEC NUMBER: _____ PAYROLL NUMBER: 2079
HOME ADDRESS: _____ HOME TELEPHONE: _____
NAME OF SECONDARY EMPLOYER AEROMAG 2000
ADDRESS: 6030 CARGO RD, CLEVELAND OH 44135 TELEPHONE: 267-0011
TYPE OF BUSINESS: AIRCRAFT DEICING
TYPE OF WORK YOU WILL PERFORM: AIRCRAFT DEICING
HOURS YOU WILL BE EMPLOYED FROM: 900 To: 1700
MAXIMUM NUMBER OF HOURS TO BE WORKED PER WEEK: 20

(NOTE: MAXIMUM NUMBER OF HOURS PERMITTED IN SECONDARY EMPLOYMENT
IS AN AVERAGE OF 20HRS/WEEK – EXCEPT DURING VACATION)

SUPERVISOR'S NAME: TOM POWERS TITLE: GENERAL MANAGER

I AM AWARE THAT IN MY SECONDARY EMPLOYMENT, THE CITY OF CLEVELAND HAS NO
RESPONSIBILITY FOR MY ACTIONS OR ANY LIABILITY RESULTING THEREFROM, AND I MUST
PERSONALLY ASSUME THAT RESPONSIBILITY OR OBTAIN LIABILITY INSURANCE.

I FURTHER UNDERSTAND THAT IF MY CITY EMPLOYMENT IS ADVERSLY AFFECTED, MY
AUTHORIZATION FOR SECONDARY EMPLOYMENT WILL BE REVOKED. I AM ALSO AWARE THAT MY
APPOINTING AUTHORITY MAY BE REVOKE THIS AUTHORIZATION AT ANY TIME BASED ON THE
OPERATIONAL NEEDS OF THE DIVISION.

PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT WILL NOT BE GRANTED UNLESS
EVIDENCE OF WORKERS COMPENSATION COVERAGE IS PRESENTED WITH THIS REQUEST.

REQUESTED BY:  DATE: 12/9/11
SIGNATURE OF APPLICANT

APPROVED/DISAPPROVED BY:  DATE: 12/17/11
CHIEF - DIVISION OF FIRE

APPROVED/DISAPPROVED BY THE DIRECTOR OF PUBLIC SAFETY ON: _____



Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Michael Darnell
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved

Handwritten signature of Paul Stubbs, Chief of the Division of Fire.

Chief, Division of Fire

Handwritten date "1/30/12".

Date

☒ Approved

☐ Disapproved

Handwritten signature of Martin L. Flask, Director.

Martin L. Flask, Director

Handwritten date "31 JAN 2012".

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: MICHAEL DARNELL CLASSIFICATION: ASSIST. CHIEF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

NVR INC. 6770 W. SNOWVILLE RD.
BRECKSVILLE OHIO 44141
440-343-4896

JOB TITLE: REPAIRMAN

TYPES OF DUTIES PERFORMED:

COSMETIC REPAIRS ON NEW HOMES

HOURS TO BE WORKED: 08:00 - 16:00 M-F 1 OR 2 DAYS A WEEK

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-26-12
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1388711

01/01/2012 THRU 08/31/2012

MICHAEL A. DARNELL
19121 FOWLES RD
CLEVELAND, OH 44130-6212

ohiobwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank C. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Scott Day
(Employee Name)

Date: March 2, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved



Chief, Division of Fire

3/2/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

11 APR 2012

Date

cc: Chief Stubbs: After Decision



Renewal: Start 2007

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: SCOTT DAY CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

SCOTT DAY CONSTRUCTION INC.
19115 GOLFVIEW DRIVE
CLEVELAND, OHIO 44135
216-676-9111

JOB TITLE: OWNER

TYPES OF DUTIES PERFORMED:

CONCRETE CONSTRUCTION

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-31-12
Date

AUTHORIZED BY:

[Signature]
APPOINTING AUTHORITY

3/2/12
DATE

[Signature]
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1021423

01/01/2012 THRU 08/31/2012

SCOTT DAY CONSTRUCTION INC.
19115 GOLFVIEW DRIVE
CLEVELAND OH 44135

Stephen Buchner
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Brian DeGardeyn
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved

 1/30/12
Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Brian deGardeyn CLASSIFICATION: EGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

AeroMag2000-CLE
P>O> Box 81256
Cleveland, Oh 44181

JOB TITLE: Sprayer

TYPES OF DUTIES PERFORMED:

Deicing aircraft

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Brian deGardeyn
Employee Signature

12-23-11
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/24/12
DATE

[Signature] 1/30/2012
DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

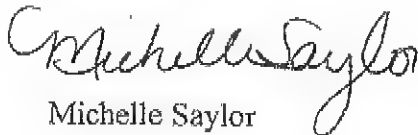


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Mark Dossa
(Employee Name)

Date: February 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

2/6/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

07 FEB 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Mark Dossa CLASSIFICATION: 1GFF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Clinic Foundation
9500 Euclid Ave
Cleveland, Ohio 44195

JOB TITLE: RN - Emergency Services Institute

TYPES OF DUTIES PERFORMED:

Nursing

HOURS TO BE WORKED: PRN

I am aware that In my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Mark Dossa
Employee Signature

1/29/12
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

2/6/12
DATE

Mark L. Flork
DEPARTMENT DIRECTOR

2-7-12
DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215-2256

Governor John R. Kasich
Administrator/CEO Stephen Buchrer

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below 1st DAY OF January 2012 1st DAY OF January 2013
--	---

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEONA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer
Administrator/CEO

BWC-7201

SI-1



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122	Period Specified Below <table><tr><td>1st</td><td>DAY OF</td><td>January 2012</td></tr><tr><td>1st</td><td>DAY OF</td><td>January 2013</td></tr></table>	1st	DAY OF	January 2012	1st	DAY OF	January 2013
1st	DAY OF	January 2012					
1st	DAY OF	January 2013					

20002978-20 CLEVELAND CLINIC HOME CARE
20002978-21 CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogene Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer
Administrator/CEO



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

John Dudas
(Employee Name)

Date: February 28, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved


☐ Disapproved


Chief, Division of Fire

2/28/12
Date

☒ Approved

☐ Disapproved

 4/16/2012
Martin L. Flask, Director

18 APR 2012
Date

cc: Chief Stubbs: After Decision



Renewal : Start 2009

CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: John Dudas

CLASSIFICATION: _____

DEPARTMENT: Public Safety

DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Carol and John's Comic Book Shop
17462 Lorain Avenue
Cleveland, OH 44111
216-252-0606

JOB TITLE: CEO, Carol and John's Comic Book Shop, Inc.

TYPES OF DUTIES PERFORMED:

Paperwork

HOURS TO BE WORKED: 20/week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

John Dudas, Jr.
Employee Signature

1-30-2012
Date

AUTHORIZED BY: [Signature]

APPOINTING AUTHORITY: [Signature]

2/28/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

1521154

Period Specified Below

01/01/2012 THRU 08/31/2012

CAROL & JOHNS COMIC SHOP INC
17462 LORAIN AVE
CLEVELAND OH 44111-4028

Stephen Buchan
Administrator/CEO

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Jeff Dudley
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/24/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

30 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: JEFF DUDLEY CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER COPLY TOWNSHIP
1540 S. CLEVELAND - MASSILON RD
COPLY, OH 44321 330.666.6464

JOB TITLE: FIRE-Medic

TYPES OF DUTIES PERFORMED: STRUCTURAL FIRE FIGHTING/EMS

FUNCTIONS.

HOURS TO BE WORKED: AVG. OF 20 HRS/WK.

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-16-12
Date

[Signature]
AUTHORIZED BY:
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

37720304

01/01/2011 Thru 05/15/2012

COPLEY TOWNSHIP
1540 S CLEVELAND MASSILLON RD
COPLEY, OH 44321-1908



ohiobwc.com

Stephen Buchner
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Ezzard Durham
(Employee Name)

Date: January 23, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/24/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

30 JAN 2012

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Ezzard E. Durham CLASSIFICATION: Firefighter

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Rural/Metro Ambulance
5171 Canal Road
Cuyahoga Hts, Ohio 44125
216.749.2211

JOB TITLE: Driver

TYPES OF DUTIES PERFORMED:

HOURS TO BE WORKED: 20

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

Ezzard E. Durham
Employee Signature

1/20/2012
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/24/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Rural/Metro[®]
Ambulance
50 Years of Serving Others

January 13, 2012

To Whom It May Concern:

Please be advised that Rural/Metro Corporation has Worker's Compensation coverage under Policy Number WCUC46472160 for their employees when they are injured while working for Rural/Metro pursuant to the Ohio Revised Code.

Thank you,

Jackie Lavoie

Human Resources Generalist

Rural Metro Ambulance



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Anthony Ebel
(Employee Name)

Date: January 30, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved




Chief, Division of Fire

1/30/12

Date

☒ Approved

☐ Disapproved



Martin L. Flask, Director

31 JAN 2012

Date

cc: Chief Stubbs: After Decision



**CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)**

NAME: Anthony L. Ebel CLASSIFICATION: FGF

DEPARTMENT: Public Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

AeroMag 2000
6030 Cargo Road
Cleveland, OH 44135

JOB TITLE: Aircraft Deicer

TYPES OF DUTIES PERFORMED:

Aircraft deicing

HOURS TO BE WORKED: Average between 8-20 hours per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.

[Signature]
Employee Signature

1-25-2012
Date

AUTHORIZED BY:
[Signature]
APPOINTING AUTHORITY

1/30/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

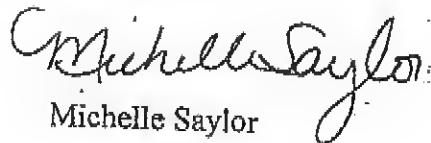


Michelle Saylor
Aeromag2000-CLE
P.O. Box 81256
Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,


Michelle Saylor

Aeromag 2000 CLE, LLC
P.O. Box 81256
Cleveland, Ohio 44181-0256



City of Cleveland Memorandum
Frank G. Jackson, Mayor

TO: Martin L. Flask, Director
Department of Public Safety

FROM: Paul Stubbs, Chief
Division of Fire

SUBJECT: Secondary Employment Request of

Aaron Flave
(Employee Name)

Date: January 6, 2012

I reviewed the attached request to engage in Secondary Employment.
After careful consideration, I recommend it be

☒ Approved

☐ Disapproved


Chief, Division of Fire

1/6/12
Date

☒ Approved

☐ Disapproved


Martin L. Flask, Director

17 JAN 2012
Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE
AUTHORIZATION FOR SECONDARY EMPLOYMENT
REQUEST FORM (Form A)

NAME: Aaron J. Flave CLASSIFICATION: FGF

DEPARTMENT: Safety DIVISION: Fire

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER

Cleveland Tank and Supply Inc. Ph# 216-771-8265 EXT 101
6560 Juniata Ave. Cleveland, Ohio 44103

JOB TITLE: Welder / Fitter

TYPES OF DUTIES PERFORMED: welding and Fitting Fuel Tanks

HOURS TO BE WORKED: 16 per week

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

Aaron J. Flave
Employee Signature

1-6-2012
Date

AUTHORIZED BY: [Signature]
APPOINTING AUTHORITY

1/6/12
DATE

DEPARTMENT DIRECTOR

DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)
2013



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1091651

07/01/2011 THRU 02/29/2012

CLEVELAND TANK & SUPPLY INC.
6560 JUNIATA AVE
CLEVELAND OH 44103-1614

ohiobwc.com


Administrator/CEO

You can reproduce this certificate as needed.



Cleveland Tank & Supply, Inc.
6560 Junata Avenue, Cleveland, Ohio 44103

January 5, 2012

City of Cleveland - Division of Fire

Timothy J. O'Toole,

Aaron Flave is employed part time by Cleveland Tank & Supply, Inc. and is covered under our Bureau of Workers Compensation Policy # 1091651.

Sincerely,

Phyllis Rothstein

Phyllis Rothstein
phyllis@clevelandtank.com
6560 Junata Ave.
Cleveland, OH 44103
216-771-8265 ext. 101
216-771-8239 fax